



Placer County Mental Health Services Act

Plan for Community Services and Supports

FINAL PLAN

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Placer County MHSA Plan for Community Services and Supports

PART I: COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS

Section I. Results of Public Planning Process

Placer County's Community Planning Process was designed to go beyond MHSA funding and services to develop a long-term countywide plan for mental health services. The county's Children and Adult System of Care (CSOC/ASOC) recognize that a transformed system involves much more than new funding sources and that changes to the mental health system will be achieved through collaboration and shared resources among public and private partners, as well as, through the redesign of services. Further, the Placer System of Care (SOC) is committed to reaching county residents who are not getting their share of services and to improving outcomes for individuals in the mental health system.

The plan for community supports and services includes all community and systems issues and Full Service Partnership populations identified through the planning process. It establishes priorities among system development and outreach strategies to serve the Full Service Partnership populations and others receiving mental health services. Finally, the plan identifies how MHSA funds will be spent to address the priorities in the plan.

Phase One – January-March, 2005 – Community Outreach, Education and Information Gathering

Outreach

Placer County is committed to a transparent, community-based planning process involving clients¹, families, community partners/stakeholders, and staff. Outreach efforts to inform the community about the Mental Health Services Act (MHSA) and to solicit involvement in the planning process started in December 2004 and continued through June 2005. These efforts focused on reaching clients already obtaining services; individuals, families, and groups who are under-served or not receiving services, community partners, and stakeholders. Particular attention was directed toward the "pocket areas" of Placer County, representing five communities with special service needs due to high levels of poverty and other indicators. These include areas of Roseville, Auburn, the foothill towns of Foresthill and Lincoln, and Kings Beach at Lake Tahoe. In addition, outreach efforts targeted a variety of stakeholder groups serving diverse populations in all areas of the county. Community partners were also targeted through the Placer Collaborative Network. Outreach efforts also targeted Placer County schools and all divisions of the county's Health and Human Services Department. These efforts were guided by the SOC Cultural Competency Committee to ensure that

¹ Feedback from the recipients of our services indicates they prefer to be called "clients" rather than "consumers". In the spirit of the MHSA, the term "client" will be used throughout the plan.

all components of the planning process efforts are culturally and linguistically competent.

These efforts included:

- **Community Kick-off:** On January 14, 2005, the SOC convened a meeting of community stakeholders to introduce Placer County's MHSA planning process and obtain community feedback. Approximately 70 people attended, clients and family members, community partners, providers, government agencies and others.
- **Letters and Brochures:** Over 4,000 letters and flyers (in English and Spanish) about the MHSA were sent to all Placer County mental health clients, as well as, family members, stakeholders, schools, and networks for children, adult, older adult and family services. Placer County's extensive system of community partner networks includes the Placer Collaborative Network of more than 260 representatives of public, private, and community based organizations from health and human services, mental health, education, child care, employment and training, transportation, law enforcement, probation, the business community; the private provider network of mental health, alcohol and drug providers; and the Placer Law Enforcement Agencies (PLEA) representing all law enforcement jurisdictions throughout Placer County. The letters invited individuals and organizations to participate in every aspect of the planning process.
- **Media:** News releases were provided to Placer County newspapers including the Auburn Journal, Press Tribune, Lincoln Messenger, and the Tahoe World. Providing information about the MHSA, the Placer County planning process, and inviting participation in Information and Feedback Groups. Participants in the Information and Feedback group indicated that newspaper articles prompted their involvement.
- **Website, E-Mail and Telephone:** A website <http://www.placer.ca.gov/adult/mhsa.htm>, an e-mail address, mhsa@placer.ca.gov and a special MHSA "hotline" telephone number were set up to receive input and field questions about the MHSA planning effort.
- **Family Resource Centers:** The six community-based family resource centers located in Placer's low-income communities were key partners for outreach, education, and client feedback. Each center was asked to provide information to clients about the MHSA (in English and Spanish), and to solicit involvement in the planning process. In addition, the family resource centers assisted with distributing and collecting surveys to collect client feedback on workgroup and Steering Committee recommendations. These centers work in partnership with the SOC to provide prevention and early intervention services, coordinate service delivery, and reduce fragmentation and duplication. Coordinated by the Child Abuse Prevention Council of Placer County in Roseville, Auburn, Colfax and Foresthill; the Western Placer Unified School District in Lincoln; and the Community Collaborative of Tahoe-Truckee in Kings Beach, the centers provide community- and school-based family and child counseling, parenting classes, mental health services, child care, legal assistance, domestic violence services,

bilingual and translation services, information and referral, employment assistance, health, recreation, and other programs.

- **Information and Feedback:** The primary vehicle to educate and identify needs from clients, families, stakeholders and county staff about the MHSA was a series of nine Information and Feedback Groups convened throughout the county in February and March. These Information and Feedback Groups provided basic education about the initiative and structured opportunities in small groups to solicit input and suggestions for improving services and supports provided to children, youth, adults, and older adults with mental health issues. All client and family members who participated received gift certificates from either Albertson or Walmart as partial compensation for their time.

The Information and Feedback Group presentations and small group questions were piloted by the Human Services Managers and the Mental Health, Alcohol and Drug Board. Chart 1 describes the locations and target populations invited to each of the Information and Feedback Groups.

Chart 1
Information and Feedback Groups

Groups invited to meeting	Auburn	Roseville	Tahoe	Foresthill	Lincoln
Clients and Families (child, youth, adult and older adult clients and their families, NAMI, AMI)	X	X			
Community (providers, schools, stakeholders, general public)	X	X			
Staff (from SOC, Health and Human Services, SELPA, MHAD Board)	X	X			
Combined Groups (Clients, community and staff)			XX (2)	X	X

The agenda for each Information and Feedback group included a presentation by SOC managers that provided background information on the mental health system in Placer County, described the MHSA and the Placer County MHSA planning process, and offered a short training session on the key concepts of recovery, resiliency and cultural competency. Finally, the presentation described how all stakeholders can be involved throughout the planning process and invited participants to join the workgroups and Steering Committee (described below).

After the initial presentation, participants formed groups of 8-12 participants based on their primary interest in services for children, youth, adults, or older adults. SOC staff facilitated all groups, with the assistance of the Mentors Assisting Peers (MAP) group (a growing organization of current and former clients of the mental health system) members, and parent advocacy teams from United Advocates for Children of California. Spanish translation was available at all meetings. Each small group was asked to reflect on Placer County's outcomes for individuals with mental health issues and discuss four questions:

1. What is currently being done in Placer County that contributes to achieving these outcomes?
2. What barriers exist that keep persons with mental illness or severe emotional disturbance from achieving these outcomes?
3. How could these barriers be overcome?
4. What is the one thing that would make the biggest difference for individuals to achieve these outcomes?

Responses from all small groups were recorded, compiled, and provided to the workgroups described below.

Targeted Outreach

Targeted outreach activities to un-served and under-served communities included a series of meetings with representatives of un-served groups. At each meeting, the Mental Health Director, Director of CSOC or SOC staff explained the MHSA, solicited feedback on current mental health services and requested information on needs.

- ***Monolingual Spanish-speaking focus group:*** Latino's comprise Placer County's largest non-Caucasian ethnic group; many speak limited English. In conjunction with the Roseville Family Resource Center, SOC staff held a meeting with an ongoing weekly Parent Support group for monolingual Spanish speaking women and two men. SOC staff provided information on the MHSA, received feedback about current services, and inquired about needs for mental health services. Twenty-three adults attended the meeting, and provided 21 written responses in Spanish that were translated by a bilingual staff member. A second meeting was held in Kings Beach in conjunction with a SAMHSA grant proposal. Both groups discussed the importance of the Catholic Church and the priest in encouraging and endorsing a person or family in seeking mental health and other services. They also spoke of their fears of deportation, being bad parents and being called "loco" or possessed. Several noted that they are reluctant to ask for help if they can't be understood in their own language. They talked about wanting services in the community, in the schools, and not in a 'clinic'.
- ***Tribes:*** SOC representatives met with representatives of the Auburn United Indian Community to identify that community's needs for mental health services and to gather feedback on existing services.
- ***Law Enforcement:*** Two meetings were held with law enforcement representatives from throughout the county to identify the need for law enforcement-mental health partnerships. Participants included representatives from seven agencies including the Roseville Police Department, Placer County Sheriff, Placer County Jail, Placer County Probation Department, Lincoln Police Department, and Rocklin Police Department and Parks.
- ***Disabilities Community:*** SOC representatives also met with representatives of the disabilities community and the Foothill AIDS Foundation to identify specific and distinctive mental health needs and services for those communities.
- ***Judiciary:*** Members of the Court and their staff provided input on court issues regarding persons with mental illness.
- ***Psychiatrists:*** The Mental Health Director met with local psychiatrists to educate them about the MHSA and receive their input.

Outreach and Involvement of Clients and Families

Specific efforts to involve clients and families, including those who are un-served or under-served were an integral part of MHSA planning:

- **Client “pre-meeting” for Community Kick-Off:** On January 13, 2005, a meeting for client and family members was held to introduce the MHSA planning process, fourteen persons attended.
- **Client recruitment efforts:** The Mentors Assisting Peers (MAP) group, a new and growing organization of current and former clients of the mental health system who are developing an array of client-provided services, played a lead role in organizing the outreach process and gathering input. MAP contacted adult clients and their families to invite their participation in Information and Feedback Groups, work groups and the MHSA Steering Committee.
- **Client workgroup:** MAP recruited 16 clients and families participating in ASOC and community services to participate in a workgroup to identify and prioritize overarching values, needs, and services. The Client Workgroup continued to meet after the workgroup process was completed to support and provide input to client and family members of the Steering Committee.
- **Client and Family Surveys:** MAP and SOC staff developed and administered surveys to obtain information and feedback from current and former mental health clients and their families regarding workgroup and Steering Committee recommendations for services and supports which might be funded by the MHSA. Separate surveys were developed for children/youth and their families, transition age youth, adults, and older adults. Surveys for transition age youth, adults, and older adults were provided by MAP members to clients at county facilities. CSOC staff distributed surveys to children/youth. Two hundred fifty-four Adult, 32 Older Adult, 58 Transition Age Youth, and 72 Children/Youth surveys were returned and tabulated (See Appendix A). The results of these surveys were presented to the Steering Committee and used to develop priorities for Full Service Partnership populations and system development strategies

Family/Client Advocacy Groups and Youth: The local NAMI provided the primary vehicle for outreach to family members. Their mailing list of 300 members was used to receive input and involvement. In addition, the NAMI Placer County newsletter solicited input for the workgroups and Steering Committee, and then reported on the recommendations of the adult work group.

Outreach to youth was conducted through SOC and Whole Person Learning, a community-based non-profit organization that contracts with Placer County to provide Independent Living and transitional programs for youth. Christina Nicholson, the organization’s Executive Director, recruited youth, currently involved in the Independent Living Program and receiving Mental Health Services and their parents to participate in the initial Focus Groups. Transition Age Workgroup youth participants were recruited by Ms Nicholson, and by ASOC staff working with youth transitioning from CSOC to ASOC. Ms. Nicholson and SOC staff working with the youths distributed TAY surveys.

Phase Two – March-August 2005 – Data Analysis, Research and Setting Priorities

The second phase of the Placer Planning Process commenced in mid-March with formation of age group and special focus work groups, followed by five meetings of the Steering Committee. All of the outreach methods described above, including over 4,000 individual letters, were used to solicit interest and applications to serve as members of these groups.

Work Groups

The Work Groups were broad-based and representative of the wide breadth of interests and populations throughout Placer County. Work Group members were expected to have knowledge of mental health issues and to be able to convey the perspectives and issues of individuals, groups, and organizations involved with mental health. Work groups gathered and analyzed information, then recommended age group priorities for Full Service Partnerships, Systems Development Strategies and other subject areas. Four work groups focused on age group populations:

- Children
- Transitional Age Youth
- Adults
- Older adults

Other special-focus work groups discussed client issues, co-occurring disorders, law enforcement issues, court issues, disabilities, and cultural competency.

Work groups met three to five times between mid-March and the end of April. Orientation and training on the MHSA and Placer County's planning process was provided at the first meeting of each group. The training included:

- Background on the public mental health system, SOC and the MHSA
- Concepts of recovery and resiliency
- Cultural competence
- Placer's under-served and un-served communities, including reduction/elimination of racial and ethnic disparities
- Placer-specific data on population and utilization of services
- Co-occurring mental health and substance abuse disorders
- How to create systems changes
- Background on client and family operated services.

The workgroups developed specific recommendations for each specific age group or special-focus population, based on analysis of the information gathered from the Information and Feedback Groups, demographic data, and trends in utilization of services. They also identified evidence-based, culturally competent, and effective services and supports for their population group, priority needs, services, and supports. Work groups reported their findings to the Steering Committee in May of 2005.

Although members of work groups were intended to be selected for their knowledge of/or experience with mental health issues and their ability to convey the perspectives and issues of individuals, groups and organizations involved with mental health, nobody

was turned away. Every effort was made to reflect both the diversity of Placer County and the breadth of mental health issues.

Catherine Camp, a neutral outside consultant who brought extensive knowledge of mental health issues to the effort, facilitated work groups. Managers provided staff support from the SOC. In addition, MAP members met with client and family members of the work groups between work group and Steering Committee meetings to provide information and support necessary to fully participate in the committee. All client and family participants were offered stipends for participating in the work groups and Steering Committee.

Steering Committee

A Steering Committee of 40 members guided the planning process, co-chaired by the directors of the ASOC and CSOC. The Steering Committee was broad-based and representative of the wide breadth of interests and populations throughout Placer County. Members of this committee were expected to have knowledge of mental health issues and to be able to convey the perspectives and issues of individuals, groups, and organizations involved with mental health.

The Steering Committee included:

- 6 clients of the mental health system, representing youth, adults and older adults
- 2 family members of mental health clients
- 5 providers, including representative of private mental health and substance abuse providers, a mental health organization and 2 county line staff
- 9 community members involved with health, disabilities, safety/law enforcement, education, housing, and criminal justice
- 3 representatives of under-served communities, one from the Tahoe Latino community, one from the United Auburn Indian Community and one representing the Cultural Competency Committee
- 9 representatives of community coalitions, such as the Mental Health Alcohol and Drug Board, Placer Collaborative Network, Older Adult Advisory Commission, In-Home support Advisory Commission, First 5 Commission, Each Childhood Relationship Policy Steering Committee, Community Collaborative of Tahoe Truckee, the Interfaith Network, business organizations and others
- 1 representative of the Courts
- 4 Placer County administrators of the SOC management

The Steering Committee agreed that all programs would be selected based on their ability to assist clients with the following outcomes:

- Safe
- At home or most home-like environment
- In school or work
- Out of trouble or out of jail
- Self-sufficient
- Healthy
- Meaningful use of time and talents

- Increased time without hospitalizations
- Access to help in a crisis

The Directors of ASOC and CSOC selected Steering Committee members. In cases where several individuals from the same organization or stakeholders group applied for the Steering Committee, the ASOC/CSOC directors consulted with the organization.

The Steering Committee was selected by March 1 and convened for a full-day orientation and training retreat on March 18. At the retreat, the committee received training on:

- Background on the public mental health system, SOC, and the MHSA
- Concepts of recovery and resiliency
- Cultural competence
- Placer's under-served and un-served communities, including reduction/elimination of racial and ethnic disparities
- Placer-specific data on population and utilization of services
- Co-occurring mental health and substance abuse disorders
- How Mental Health services are provided in Placer County's Adult and Children's SOC
- How to create systems changes
- Background on client and family operated services

During the retreat, the Steering Committee was oriented to their roles and responsibilities in the MHSA planning process in Placer County, including two-way communication with the groups they represent. They also listened to presentations from past and current clients and family members involved in the mental health system, recounting what worked and what didn't.

Between May and August, the Steering Committee met five times to gather and synthesize information from the working groups, identify key community and system needs, and develop a countywide long-term plan for mental health community services and supports for SMI and SED clients and their families. As part of this plan, the Steering Committee recommended priority populations for full service partnerships, as well as, strategies for systems development and outreach to be funded by the MHSA. These recommendations were forwarded to an Executive Committee that included the Director of Health and Human Services and the directors of the ASOC and CSOC, who made the final decisions.

The Steering Committee also developed its own list of Essential Elements as criteria to be used in selecting strategies. These included:

- Cultural competence
- Community collaboration
- Client/family-centered systems and programs
- Recovery/resilience/strength-based and wellness focus
- Co-occurring competent
- Early intervention

- Evidence-based outcome focus
- Integrated services
- Accessibility. (See Appendix B for a description of these elements)

Planning Process Representation

Charts 2 and 3 on the next page describe the representation of individuals who participated in the key activities of the MHSA planning process. Chart 2 shows participation in the information and feedback groups, targeted outreach, work groups and the Steering Committee by affiliation. Chart 3 describes participation in these activities by ethnicity.

Chart 2:

Participation in MHSA Planning Process by Organizational Affiliation	Clients, Families and Youth	SOC	HHS and other public agency staff (CalWORKs, health, law enforcement, housing, etc.)	MH and AOD providers; Community Partners & Coalitions <ul style="list-style-type: none"> Older Adult First 5 Collaborative Network In Home Support Tahoe Truckee Interfaith Network 	Mental Health, Alcohol and Drug Board	Schools, including Special Education	Business	Other/missing	Total
Information and Feedback Groups	82 ² (38%)	110 ³ (51%)						25 (11%)	217 (100%)
Workgroups	31 (32%)	23 (23%)	6 (6%)	21 (21%)	2 (3%)	6 (6%)	1 (1%)	8 (8%)	98 (100%)
Targeted outreach		43 (35%)	25	8 (11%)	11 (15%)	3	3	28 ⁴ (39%)	72 (100%)
Steering Committee	8 (20%)	5 (12.5%)	6 (15%)	14 (35%)	1 (2.5%)	3 (7.5%)	1 (2.5%)	2 (5%)	40 (100%)

Chart 3:
Participation in MHSA Planning Activities by Ethnicity⁵

	White	Latino	American Indian	Other/Missing
Info & Feedback Groups	117 (54%)	9 (4%)	---	91 (42%)
Targeted Outreach	43 (60%)	27 (37.5%)	2 (2.5%)	---
Workgroups	95 (97%)	2 (2%)	---	1 (1%)
Steering Committee	36 (90%)	3 (8%)	1 (1%)	1 (1%)

² Very little information was collected on organizational or group affiliation at the Information and Feedback Groups. This figure includes all participants (clients and family members, providers, Mental Health, Alcohol and Drug Board members, community organizations, community collaboratives, schools, business, etc.) who were not county employees who attended the meetings.

³ This figure includes all county staff from SOC and other county agencies.

⁴ Includes meetings with the United Auburn Indian community and monolingual Latino parents.

⁵ These data should be viewed in the context that the overall 2000 Placer population was 83.4% White, 9.7% Latino, 1.1% Black and 5.7% American Indian, Asian, Pacific Islander, Eskimo, other

Designation of Responsibility for Community Program Planning

The following individuals participated in the planning process:

Overall responsibility for planning process: Maureen Bauman, L.C.S.W., M.P.A, Client Services Program Director, Adult and Older Adult Services, Mental Health Director (20% time); Bud Bautista, Client Services Program Director, CSOC, (10% time) had primary responsibility for MHSA planning.

Responsibility for organizational work of planning process: A Core Team handled the organizational work. The Core Team included the directors of the ASOC and CSOC, Connie Arney, Client Services Program Manager, ASOC, (50% time), Cindy Brundage, Client Services Program Manager, CSOC, Cheryl Trenwith, Client Services Program Manager, ASOC, Lee Harris, Mentors Assisting Peers and Diane Shively, family advocate. Consultant Catherine Camp provided neutral facilitation of the age group workgroups and Ken Minkoff, MD and Christie Cline, MD assisted the co-occurring workgroup. Maureen Bauman coordinated the special-focus workgroups, and Lee Harris, an ASOC client coordinated the Client Group (50% time). The Steering Committee was facilitated by Catherine Camp, assisted by Maureen Bauman, Director ASOC and Lynn DeLapp, (25% time). Ms. Camp is former Executive Director of the California Mental Health Directors Association, and brings extensive knowledge of mental health policy to the effort; Ms. DeLapp has worked on Placer County planning efforts, and is an expert in integrated services and planning for children and family services.

Ensuring stakeholder participation from under-served/un-served/diverse groups: The MHSA core group was responsible for ensuring stakeholder participation. Maureen Bauman and Bud Bautista oversaw this function.

Integration of consultant activities and products into existing work: Ms. Camp worked with the core team to design the work group and Steering Committee process and provided facilitation of the workgroups and Steering Committee. Ms. DeLapp developed and wrote the plan based on data developed by working groups and the Steering Committee. She attended Information and Feedback and Steering Committee meetings, as needed, and worked at the direction of the project directors and Connie Arney on projects such as, Information and Feedback group design and data compilation, and meeting facilitation. She also tracked progress toward plan deadlines.

Other county staff participated in the planning process to gather and analyze statistical data, staff Information and Feedback Groups, support work groups and the Steering Committee, arrange meeting logistics, and communicate with other staff on MHSA planning. All are SOC Program Chiefs or Client Services Program Managers. They include:

- John Bolf, Ph.D., Program Manager, In patient services and locked facilities
- Tom Kurowski: L.C.S.W. Out patient services for adults, AB2034, Adult Transitional Residential Programs

- Eldon Luce, Program Manager, Older Adult Services
- Cheryl Trenwith, M.F.T., Substance Abuse Services, Forensic Mental Health
- Tim Farmer, Program Manager, CSOC
- Rick Saletta, L.C.S.W., Program Chief, CSOC
- Mike Romero, Epidemiologist, HHS
- Cindy Brundage, Program Manager, CSOC
- Connie Arney, Program Manager, ASOC, Chair, Cultural Competency Committee

Section II: Plan Review

Phase Three – August-September 2005 – Plan Review and Public Hearing

Plan Distribution, Request for Public Input and Public Hearing.

On August 23, 2005, the MHSA Steering Committee approved the Placer County draft MHSA Community Services and Supports Plan. On August 24, Placer County Systems of Care distributed a notification of plan availability, a notice of the September 22, 2005 Mental Health, Alcohol and Drug Board meeting to review the MHSA plan and receive public input, and a request for public comments on the plan. These notifications were sent electronically to over 4000 groups and individuals, including all Placer County mental health clients, family members, stakeholders, schools, and networks for children, adult, older adult and family services. Plans were available on the Placer County MHSA website, all Placer County Libraries, electronically, by mail, and county offices located in Auburn, Roseville, and Tahoe. In addition, copies of the plan were sent to all members of the Work Group Committees, Steering Committee, and to other individuals and groups who had requested them during the course of the planning process.

The Mental Health Alcohol and Drug Board Hearing was held on Thursday, September 22 at 5:30 PM in Auburn. The agenda for the meeting is included in Appendix D. Videotapes of the hearing are available from Placer County.

Substantive Recommendations for Revisions and Placer County Response

The Systems of Care received 16 public comments; five included substantive recommendations for the plan. The substantive recommendations and county responses are summarized below:

1. *NorCal Center on Deafness (Molly Khatami)*

Comments/Recommendations:

- Regionalize deaf and hard of hearing services with Sacramento, Yolo and San Joaquin/Stanslaus Counties;
- Add videophone, not just TTY

Placer Response: Placer will work regionally to develop specialized programs for small populations, and will work with Placer Independent Resource Services (PIRS) to consider the use of a videophone.

2. Placer Citizens for Senior Advocacy and Action (Marlene George)

Comments/recommendations:

- The MHSA CSS planning process had inadequate outreach to and inclusion of the older adult population,
- “Out-of-the-box” thinking was not encouraged;
- The plan will not result in a transformed system or structural changes to create a (recommended) separate Older Adult system of Care;
- Funding was not designated for the private sector.

Placer Response:

- Outreach was conducted through older adult service groups in the community; the older adult work group was open to all who wanted to participate
- While there are no plans to change the current HS structure, coordination of mental health services with older adult services, specifically non-county services, is a core element of the plan. The Older Adult Services Team will collaborate with the Older Adult Collaborative during plan implementation
- The plan calls for a community partner (CBO), funded by MHSA to participate in the older adult service team.

3. Seniors First (Candace Roeder)

Comments/Recommendations:

- The allocated funding should be used to serve more clients;
- Services should include dementia interventions;
- Use the Older Adults Collaborative for input and feedback.

Placer Response:

- The funding will serve persons who have high needs, including ancillary services; this will necessitate high caseloads. We will evaluate these services during implementation and increase the numbers served if feasible
- We plan to work with the Older Adult Collaborative in implementing the plan.

4. NAMI (Isabel Bravo)

Comments/Recommendations: Crisis and urgent care needs are not being addressed. NAMI recommends:

- Establish “aftercare coordinator” for mental health clients released from jail or mental health, or urgent care facility;
- Reorganize ACCESS to better address emergency needs;
- Establish a drop in crisis site available 24/7 for clients and families;
- Hire additional doctors;
- Establish mental health treatment in the jail;

- Provide training on mental health for the DA, Probation Department and Public Defenders involved with the Mental Health Court.

Placer Response:

- Aftercare: The Adult Full Service Partnership will include aftercare services
- ACCESS is reviewing and making changes to its current organization
- Crisis services: Consolidated crisis services in Roseville established with MHSA funding will be available to walk-ins. In addition, the Welcome Center included in the plan will provide some services
- Doctors: The priorities in the MHSA plan are for other critical support services rather than additional doctors
- Jail or involuntary services: The Department of Mental Health regulations for MHSA do not allow services in the jail or other involuntary services.
- Education: Training on mental health for the DA, Probation and Public Defenders will be incorporated in the plan

5. Sharen Neal

Comments/Recommendations: I am opposed to funding security officers at the hospital for many reasons.

Placer Response:

The MHSA plan includes increased staffing for immediate crisis response and same day or next day outreach and support services for those persons who are not hospitalized. The proposed security/support staff is a minor but significant part of the full crisis triage team. It is important to ensure that both clients and staff are safe and secure in all situations. It is envisioned that the security/support staff will also provide or arrange transportation for clients, provide back-up phone coverage for the mental health staff, as well as, providing staffing supervision for clients that may be waiting for test results or placement into an appropriate facility. The Department of Health and Human Services and Law Enforcement will continue to determine the appropriate type staffing and funding source for this portion of the Crisis Triage proposal.

Changes to MHSA Community Services Plan

In response to public input and recommendations, the MHSA Community Services and Supports Plan will be changed as follows:

1. Placer is researching the cost of videophone service for the hearing impaired.
2. Offer training on mental health for DA, Probation, and Public Defender Department staff involved with the mental health court.
3. Crisis Triage Follow-up Proposal has been placed in Addendum A for clarification purposes only. (Refer to Addendum A)

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section 1: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

The following community issues were identified in the information and feedback and work groups during Placer County's planning process. The priorities indicated by asterisks reflect the issues that will be addressed through full service partnerships during the first three years of the plan.

Chart 4
Community Issues

Age Group	Community Issues
Children and Youth	<ol style="list-style-type: none"> 1. *School issues (inability to be in school): <ul style="list-style-type: none"> • Some schools don't keep SED children in school • Schools have inadequate capacity to identify and refer children with SED 2. Access to Services. Families have inadequate access to: <ul style="list-style-type: none"> • Timely services • Crisis services may be delayed, missing • Culturally appropriate non-traditional services • Inadequate education and information about mental health services (family/ school issues) 3. Services may not be strength-based, do not always empower and support families, particularly in juvenile justice system (Family Issues) 4. Out of Home Placement: The CSOC/mental health and juvenile justice systems are not well coordinated. 5. There are inconsistent assessments/diagnoses in different parts of system 6. Early ID of at-risk children is discouraged
Transition Age Youth	<ol style="list-style-type: none"> 1. * Poor client engagement and access to adequate, individualized, age-appropriate services particularly: <ul style="list-style-type: none"> • Substance abuse treatment • Medication management • Independent living resources, including jobs and money • Very poor transportation • Co-occurring disorders, including eating disorders • Planning for transition between children's and adult SOC. • The voice and choices of youth in developing plans are frequently absent • Mental health needs are not identified at the entry points to other systems (juvenile justice, employment, public assistance, etc.) • Case coordination across systems is inadequate 2. Safe, stable, age-appropriate housing is virtually unavailable 3. Law enforcement may not understand mental health or how to access services (involvement in justice system) 4. Family Issues: <ul style="list-style-type: none"> • Some youth have no family support • Some families are overwhelmed • Families not always included in goal-setting and service plans 5. School Issues: <ul style="list-style-type: none"> • Schools don't uniformly or readily identify mental health needs • 26.5 system overwhelmed understaffed • Few options after high school

Age Group	Community Issues
Adults	<ol style="list-style-type: none"> 1. * Inadequate services for adults leaving hospitals and IMDs (institutionalization) 2. * Incarceration: Some individuals are jailed due to behavior caused by mental illness. They may stay in jail longer, have inadequate housing and support when released; and be re-incarcerated. 3. Access to Services: <ul style="list-style-type: none"> • Few bilingual/bicultural services • Geographic isolation and distance from services • Inadequate treatment, medication management, and medical and psychiatric care • The length of time to get appointments is unreasonable • Services are uncoordinated among agencies, including the justice system • Services are not individualized to client needs 4. Many are homeless or live in inappropriate housing: assistance is unavailable 5. Inability to work: <ul style="list-style-type: none"> • Inadequate assistance for employment • Lack of job/employment planning 6. Individuals face bias and stigma in the community 7. Staff need training and upgraded skills in recovery model
Older Adults	<ol style="list-style-type: none"> 1. * Access to services: <ul style="list-style-type: none"> • Insufficient age-appropriate services • Services unavailable to support transition to Older Adult Services • Many seniors have lack of mobility and inadequate access to transportation • There are no local systems to inform seniors about services or to help them access services • Few culturally competent services 2. Nursing home placement may be used because other housing is unavailable.
Cross-Age Issues	<ol style="list-style-type: none"> 1. Those with co-occurring substance abuse and mental illness have more health problems, crises, homelessness, unemployment, suicides/homicides, incarceration than other groups. 2. Cultural issues can increase stigma, fear of disclosure and lack of awareness of purpose and accessibility of services. 3. Those with multiple disabilities experience inadequate diagnostic processes, materials, facilities and communication assistance. Residential facilities may exclude them and staff may not understand complex multiple eligibility rules.

Throughout the community planning process, participants in the Information and Feedback Groups and the work groups identified critical systems, as well as, community issues. The Steering Committee recommended that all of these issues be addressed in the county's long-term plan. Many of the other issues will be addressed by systems development/outreach strategies by other MHSA funds.

All issues were selected through the same process. Each age workgroup reviewed and analyzed demographic and statistical data, collected by the county, including population

data by age, gender and ethnicity. The number of clients receiving both “front door” and deep-end services, by age, gender, language, ethnicity, and other factors; costs per client; capacity to provide types and levels of services; client outcome screens, performance outcome data; and client satisfaction information. They also looked at trends in utilization of services, and information on new services and supports that will produce outcomes for the persons receiving services in the Placer County service system. In addition, the work groups closely reviewed the issues, needs, and barriers identified by the Information and Feedback groups. Members of the workgroup brought their experience/expertise, as well as, issues raised by their constituencies to the discussion of the issues. Each workgroup then identified values and guidelines as evaluation criteria and prioritized community and systems issues (framed in terms of population and systems needs and barriers, rather than community impacts), target populations and system development strategies specific to their age group.

At the conclusion of the work group process, each age group and special-focus work group reported their prioritized values and guidelines, population and systems issues, target populations for full service partnerships, and system development strategies to the Steering Committee. Using a consensus process, the Steering Committee selected Full Service Partnership populations and Systems Development strategies described below in Section III.

Racial ethnic and gender disparities among community issues include:

All Age Groups:

- **Access to services, including crisis services and information:** The Information and Feedback data, targeted outreach efforts, work groups, and the Steering Committee all identified disparities in access to services and education about mental health issues among the Latino population *for all age groups*, particularly monolingual Spanish speakers. Both the 2003-2004 Cultural Competency Report and Placer County’s Latino Access Study report that Latinos of all ages receive county mental health services at a far lower rate than other population groups. There are also disparities in information. While information was regarded as inadequate for all groups, there is little education or information available in Spanish. Efforts have only just begun to develop educational materials in Spanish and to provide information and education in culturally appropriate ways. There are also disparities by gender; males comprise 60% of individuals receiving county mental health services and males were more likely to receive services in programs other than outpatient-non-residential programs.

Children/Youth:

- **School Achievement:** Over 90% of Placer residents 25 years and older are high school graduates, and over 30% have attained a bachelor's or higher degree. In 2003, over 60,700 students in kindergarten through twelfth grades were enrolled in Placer County schools. Overall, Placer children perform well academically. In 2002, 74% of fourth graders performed above the 50th percentile on standardized reading proficiency tests, and 69% of eighth graders performed above the 59th percentile on math tests. In 2004, most schools in Placer County earned Academic Performance Index scores above 700; exceptions included:
 - Tahoe-Truckee Joint Unified: Kings Beach Elementary, North Tahoe Middle School and North Tahoe High School;
 - Western Placer Unified: Horizon Instructional, Edwards (Glenn) Middle School, Lincoln High School, and Lincoln North High Schools;
 - Auburn Union Elementary: Rock Creek Elementary Schools

Countywide, the dropout rate is 1.4%, half of the statewide rate. Latino children, however, drop out at an annual rate of 2.6%, significantly higher than other groups.

Transition Age Youth:

- **Access to Services:** Across the 16-24 year-old cohort, participation in mental health services drops markedly when youth leave the CSOC at ages 18 and 19, and only gradually starts to recover through age 24. There are no substantial gender disparities.

Adults:

- **Inadequate services for clients leaving hospitals or IMDs:** There is a gender disparity among clients leaving hospitals or IMDs: 71% of persons in IMDs are male.
- **Inadequate services for Adults with SMI, in jail and referred to mental health court:** Approximately 25% of jail inmates are estimated to have SMI. Men are over-represented in the jail population.

Older Adults:

- **Access to Service:** The older adult cohort (60+) has a far higher rate of un-served individuals, based on prevalence data, than other age cohorts; almost three-quarters of those estimated to need public mental health services are un-served. Women receive services at a higher rate than men (32.2% vs 18.2%).

Section II: Analyzing Mental Health Needs In The Community

Un-served Populations

Population and Utilization Assessments. Chart 5⁶ shows Placer County's updated population assessments.

Chart 5
Placer County Population

	Total		Children 0-17		Transitional Age Youth 16-24		Adults 18-59		Older Adults 60+	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Total	303,595		75,538		36,213		171,483		56,574	
Sex										
Male	148,727	(49.0)	38,613	(51.1)	18,714	(51.7)	84,692	(49.4)	25,422	(44.9)
Female	154,868	(51.0)	36,925	(48.9)	17,499	(48.3)	86,791	(50.6)	31,152	(55.1)
Race/Ethnicity										
African American	4,908	(1.6)	1,137	(1.5)	747	(2.1)	2,420	(1.4)	1,351	(2.4)
Asian/Pacific Islander	10,804	(3.6)	2,765	(3.7)	1,188	(3.3)	6,534	(3.8)	1,505	(2.7)
Latino	31,528	(10.4)	11,047	(14.6)	4,089	(11.3)	17,530	(10.2)	2,951	(5.2)
Native American	2,622	(0.9)	754	(1.0)	407	(1.1)	1,564	(0.9)	304	(0.5)
White	247,927	(81.7)	57,166	(75.7)	28,775	(79.5)	140,820	(82.1)	49,941	(88.3)
Other	5,806	(1.9)	2,669	(3.5)	1,007	(2.8)	2,615	(1.5)	522	(0.9)
Males										
African American	2,476	(0.8)	564	(0.7)	372	(1.0)	1227	(0.7)	685	(1.2)
Asian/Pacific Islander	5,054	(1.7)	1413	(1.9)	580	(1.6)	3035	(1.8)	606	(1.1)
Latino	16,231	(5.3)	5707	(7.6)	2229	(6.2)	9114	(5.3)	1410	(2.5)
Native American	1,337	(0.4)	389	(0.5)	231	(0.6)	788	(0.5)	160	(0.3)
White	120,761	(39.8)	29176	(38.6)	14812	(40.9)	69268	(40.4)	22317	(39.4)
Other	2,868	(0.9)	1364	(1.8)	490	(1.4)	1260	(0.7)	244	(0.4)
Females										
African American	2,432	(0.8)	573	(0.8)	375	(1.0)	1193	(0.7)	666	(1.2)
Asian/Pacific Islander	5,750	(1.9)	1352	(1.8)	608	(1.7)	3499	(2.0)	899	(1.6)
Latino	15,297	(5.0)	5340	(7.1)	1860	(5.1)	8416	(4.9)	1541	(2.7)
Native American	1,285	(0.4)	365	(0.5)	176	(0.5)	776	(0.5)	144	(0.3)
White	127,166	(41.9)	27990	(37.1)	13963	(38.6)	71552	(41.7)	27624	(48.8)
Other	2,938	(1.0)	1305	(1.7)	517	(1.4)	1355	(0.8)	278	(0.5)
Age Group										
Children 0-17	75,538	(24.9)								
Transitional Age Youth 16-24	36,213	(11.9)								
Adults 18-59	171,483	(56.5)								
Older Adults 60+	56,574	(18.6)								

⁶ Data Source: CA Dept of Finance

Chart 6⁷
Estimated Un-served

	Total		Children 0-17		TAY 16-24		Adults 18-59		Older Adults 60+	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Total	2,296		758		379		648		714	
Gender										
Male	758	(33.0)	295	(38.9)	195	(51.4)	146	(22.5)	350	(49.0)
Female	1,564	(68.1)	465	(61.4)	191	(50.4)	506	(78.1)	365	(51.1)
Race/Ethnicity										
African American	15	(0.6)	-2	-(0.3)	4	(1.1)	-2	-(0.3)	18	(2.5)
Asian/Pacific Islander	139	(6.1)	47	(6.2)	26	(6.8)	72	(11.1)	21	(3.0)
Latino	332	(14.5)	163	(21.5)	54	(14.2)	118	(18.2)	37	(5.2)
Native American	-32	-(1.4)	5	(0.7)	-3	-(0.9)	-37	-(5.7)	2	(0.3)
White	1,577	(68.7)	436	(57.5)	247	(65.3)	347	(53.5)	630	(88.2)
Other	-62	-(2.7)	7	(0.9)	-11	-(2.9)	-67	-(10.4)	-3	-(0.5)
Males										
African American	5	(0.2)	3	(0.4)	3	(0.8)	-3	-(0.5)	8	(1.1)
Asian/Pacific Islander	63	(2.7)	19	(2.6)	14	(3.7)	26	(4.0)	9	(1.3)
Latino	115	(5.0)	68	(8.9)	26	(7.0)	40	(6.2)	20	(2.8)
Native American	3	(0.1)	2	(0.2)	-2	-(0.7)	-16	-(2.4)	2	(0.3)
White	1,198	(52.2)	132	(17.4)	121	(31.9)	35	(5.4)	310	(43.4)
Other	-3	-(0.1)	3	(0.4)	0	(0.0)	-19	-(2.9)	0	-(0.0)
Females										
African American	22	(0.9)	-4	-(0.6)	1	(0.3)	1	(0.2)	9	(1.3)
Asian/Pacific Islander	81	(3.5)	28	(3.6)	12	(3.1)	45	(7.0)	12	(1.7)
Latino	220	(9.6)	95	(12.5)	27	(7.2)	77	(11.9)	17	(2.4)
Native American	-32	-(1.4)	3	(0.4)	-1	-(0.2)	-21	-(3.2)	0	-(0.0)
White	593	(25.8)	305	(40.2)	134	(35.3)	315	(48.6)	321	(45.0)
Other	-46	-(2.0)	4	(0.5)	-11	-(2.9)	-49	-(7.5)	-3	-(0.4)
Age Group										
Children 0-17	758	(33.0)								
TAY 16-24	218	(9.5)								
Adults 18-59	647	(28.2)								
Older Adults 60+	673	(29.3)								

Note that the age groups are not mutually exclusive and thus do not add up to 100% of the total.

Estimates do not add up to 100% or the totals.

Because of the manner in which the estimates were calculated, estimates do not add up to 100% or the column totals.

Cells in which small numbers produced unstable estimates are removed from display.

⁷ Estimates are based on data from CA Dept of Finance

Ethnicity and Language Disparities

The residents of Placer County are predominantly white and English speaking. Eighty-two percent of residents are white, 10.4% Latino, 3.6% Asian/Pacific Islander, 1.9% other, 1.6% African American, and 0.9% Native American. Latinos comprise the largest non-white population group, ranging from 5.2% of the population over 60 to 14.6% of children 0-17. No other non-white ethnic group represents over 5% of the population. Among children under 18, non-white ethnicity was slightly higher: 75.8% were white, 14.6% Latino, 3.7% Asian/Pacific Islander, 1.5% African American, 1% Native American, and 3.5% Other. 2003 school enrollment data (Chart 7) shows more ethnic diversity, with concentrations of Latino children in Kings Beach, Lincoln/Sheridan, Auburn, and Colfax; and small American Indian clusters in Foresthill and Colfax. In the last few years, small groups have Ukrainians have moved to the southern region of Placer County.

Chart 7
Placer County School Enrollment Data

	Placer County	Auburn	Colfax Area	Foresthill	Lincoln/Sheridan	Rocklin	Roseville	Kings Beach
White	78.5%	74.0%	86.0%	90.8%	74.6%	80.5%	73.7%	%31.2%
Latino	10.0%	9.8%	7.2%	3.7%	15.5%	7.1%	14.2%	%67.7%
African American	2.2%	1.5%	<1%	<1%	2.0%	1.6%	3.2%	<1%
Asian	3.5%	2.1%	<1%	<1%	< 1%	3.9%	5.2%	<1%
American Indian	<1%	<1%	2.8%	3.7%	<1%	<1%	<1%	<1%
Pacific Islander	2.0%	1.6%	<1%	<1%	1.0%	3.1%	2.7%	<1%
Multiracial/no response	1.9%	<1%	2.9%	<1%	5.0%	2.8%	<1%	3.6%

Among all residents age 5 or older, 89% speak only English at home; among the ten percent who speak a language other than English, over half speak English “very well.”

In 2004, the Placer County undertook an in-depth study of the mental health needs and utilization of services of the Latino population in Kings Beach at Lake Tahoe.⁸ Although the study was restricted to a single community, many of the findings can be used to inform other Latino “pocket areas” in Placer County. The study found that the Kings Beach Latino population grew significantly between the 1990 and 2000 census, increasing from 30% of the population in 1990 to 54% in 1999. According to the 2000 census, 47.5% of the Kings Beach population speaks a language other than English, and among Spanish speaking residents, 55.5% reported not speaking English well to not at all. In 2000, 30% of Kings Beach children under 6 lived below the poverty line.

⁸ Placer County Health and Human Services System of Care, *Latino Access Quality Improvement Study-Kings Beach, 2004*.

Use of mental health services by Latinos in Placer County is much lower than the white population. The Latino Access Study reported that in 2003-04, Placer County's Latino population represented 18.5% of the county's Medi-Cal eligible residents, compared to 68% for the white population. Only 2.9% of Latinos eligible for Medi-Cal countywide receive specialty mental health services compared to 7.8% of Whites. In Kings Beach, the disparity was even greater; 9.3% of white residents received mental health services, compared to only 1.2% of Latinos.

To some extent, the under-utilization of county mental health services by the county's Latino population may be mitigated by services provided by community-based organizations. According to the 2003-04 Cultural Competence Plan Update, a significant number of target population clientele are served by community-based organizations including the family resource centers and the Lincoln Lighthouse. In some cases, Placer County SOC provides funding for these programs and in all cases we actively collaborate with them to serve target populations. Many of the individuals served by these community-based organizations would be reluctant to participate in government services, yet they seek out and participate in services in their own neighborhood in a non-threatening setting. Our support of these programs is based on our understanding of this issue and the belief that many individuals are served best in local, non-institutional settings where they feel most comfortable.⁹

Income Disparities

Placer County has a relatively high median household income of \$57,535, compared to the state (\$47,535), and a much lower level of poverty. According to the 2000 census, 2,118 Placer families (6.0%) with 4,317 children under 18 had incomes below the federal poverty line, and 5,472 (8.0%) had incomes below 185% of the poverty line. Income and poverty levels are not consistent throughout the county. Lower income families are concentrated in six "pocket" areas of Placer County, including North Auburn, Lincoln, Colfax, central Roseville, Foresthill and Kings Beach. (Chart 8)

Chart 8
Income and Poverty Levels

Area	California	Placer County	Auburn	Colfax Area	Foresthill	Kings Beach	Lincoln/Sheridan	Rocklin	Roseville
Household Median Income (\$)	47,493	57,535	48,188	47,711	51,000	38,366	46,591	68,603	57,048
Families below federal poverty line (#, %)	845,991 10.6%	2118 6.0%	422 7.6%	106 4.9%	54 7.5%	129 14.1%	386 8.7%	335 3.3%	808 3.6%
Families below 185% of poverty (#, %)	1,939,982 24.3%	5472 8%	1146 9.7%	360 8.1%	180 10.6%	275 30.0%	644 14.6%	912 8.9%	2432 10.8%

⁹ Placer County Health and Human Services Cultural Competence Plan Update, 2004, page 18

Countywide, 1,225 families participate in TANF, including over 1,440 children. Among these, 840 families (1,140 children) are served in Roseville, 363 families (249 children) in Auburn, and 20 families (29 children) in Tahoe.

Criminal Justice Data

The California Forensic Medical Group, which contracts with Placer County to provide medical and psychiatric services to inmates in the Placer County Jail and wards in the juvenile hall, report that in Placer County, approximately 25% of the jail population have mental health diagnoses. This estimate is based on utilization of specific psychiatric medications in the jail, as well as, services provided to persons with severe mental disorders in the jail by both a psychiatrist and a psychiatric social worker.

Homelessness

In January of 2005, a count of the homeless population in Placer County (except the Lake Tahoe region) was conducted by the Placer Consortium on Homelessness and Affordable Housing. The survey counted 483 persons, 60% male and 40% female. Thirty-two percent (153) were children under the age of 18. About three quarters were white, 10% Latino, 5% American Indian and 5% African American. Approximately a quarter was chronically homeless and 45% lived in transitional housing. All children were sheltered. Among those surveyed, 28% reported having a mental illness and 59% reported having a substance abuse problem.¹⁰

Gay, Lesbian, Bi-sexual and Transgender Individuals (GLBT)

Based on the assumption that 10% of the overall population is GLBT, it is reasonable to assume that at least the same proportion of mental health clients are GLBT. Placer County, however, is a conservative county, many persons who are GLBT do not always feel comfortable to be “out” in the community and there are few local supports or opportunities to communicate, network or socialize. Some clients have found Sacramento GLBT organizations to be less than friendly to persons with mental health needs; they also note that many social activities within these organizations involve alcohol, which is harmful to many mental health clients.

Some Placer County mental health clients have also reported that they have been reluctant to disclose their gender identity issues for fear of being treated badly or receiving inappropriate services. Currently there are no services or supports specifically directed to mental health/GLBT clients. Several clients, however, have requested that SOC sponsor non-alcoholic support groups for lesbian and gay clients that will provide a safe place to network, discuss gender identity and mental health issues, and socialize.

Individuals with Co-occurring Substance Abuse Disorders

There are no statistics on the number of individuals with co-occurring substance abuse disorders in Placer County, but anecdotal accounts from practitioners suggest that the numbers are significant. National estimates report that about 40% of mental health clients also have substance abuse disorders.

¹⁰ Placer Coalition on Ending Homelessness, *Placer County Homeless Survey Summary 2005*

Individuals with Multiple Disabilities

Placer County providers serving clients with SMI and other disabilities, such as physical, visual, hearing or developmental disabilities report that these clients are un-served, under-served, and inadequately served. Placer Independent Resource Services reports that 10% of their clients have multiple disabilities, many of which are not able to obtain services due to physical or programmatic barriers. Alta Regional Center reports serving 94 adults with developmental disabilities and SMI, only 21 of whom are receiving county services.

Estimates of Fully Served, Under-served/Inappropriately Served by Race Ethnicity

Charts 9-12 provide Placer County's estimates of persons who are fully served, under-served or inappropriately served by age group, race ethnicity and gender. Estimates based on Placer County Mental Health Practice Management System (Avatar PM),

Chart 9
Estimates-Children and Youth 0-17

Children/Youth	Fully Served		Under-served or Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	186	119	433	279	1,017	100	6,617	100	75,538	100
Race/Ethnicity										
African American	4	6	8	13	31	3.0	107	1.6	1,137	1.5
Asian Pacific Islander	4	1	10	3	18	1.8	232	3.5	2,765	3.7
Latino	23	12	53	29	117	11.5	967	14.6	11,047	14.6
Native American	2	2	6	4	14	1.4	63	0.9	754	1.0
White	165	102	384	237	888	87.3	4,968	75.1	57,166	75.7
Other	9	8	21	19	57	5.6	247	3.7	2,669	3.5

Chart 10
Estimates-Transition Age Youth 16-24

TAY	Fully Served		Under-served or Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	116	105	270	246	736	100	3,524	100	36,213	100
Race/Ethnicity										
African American	3	3	6	7	19	2.6	73	2.1	747	2.1
Asian Pacific Islander	2	2	4	4	11	1.5	116	3.3	1,188	3.3
Latino	12	10	27	24	73	9.9	398	11.3	4,089	11.3
Native American	3	2	6	5	16	2.2	40	1.1	407	1.1
White	102	89	238	208	637	86.5	2,800	79.5	28,775	79.5
Other	5	8	11	18	42	5.7	98	2.8	1,007	2.8

Chart 11
Estimates-Adults 18-59

Adults	Fully Served		Under-served or Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	332	478	776	1,115	2,701	100	15,056	100	171,483	100
Race/Ethnicity										
African American	5	7	12	15	39	1.4	151	1.0	2,420	1.4
Asian Pacific Islander	4	7	10	15	36	1.3	391	2.6	6,534	3.8
Latino	28	44	66	103	241	8.9	1,466	9.7	17,530	10.2
Native American	7	10	16	23	56	2.1	72	0.5	1,564	0.9
White	299	424	698	990	2,411	89.3	12,829	85.2	140,820	82.1
Other	12	25	28	59	124	4.6	297	2.0	2,615	1.5

Chart 12
Estimates-Older Adults 60+

Older Adults	Fully Served		Under-served or Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	23	47	53	110	233	100	3,349	100	56,574	100
Race/Ethnicity										
African American	1	1	1	2	5	2.1	80	2.4	1,351	2.4
Asian Pacific Islander	1	1	1	1	4	1.7	89	2.7	1,505	2.7
Latino	1	3	1	7	12	5.2	175	5.2	2,951	5.2
Native American	0	1	0	2	3	1.3	18	0.5	304	0.5
White	20	42	46	98	206	88.4	2,957	88.3	49,941	88.3
Other	1	2	3	6	12	5.2	31	0.9	522	0.9

Charts 9-12 display ethnic and gender disparities in those served and under-served by mental health services.¹¹

- **Among children 0-17**, boys receive services at a much higher rate than girls among whites, Latinos, and Asian/Pacific Islanders. African American girls receive services at a higher rate than boys and Native American boys and girls receive services at approximately the same rate. Latino and Asian/Pacific Islander children are served at a lower rate and white children are served at a higher rate relative to their proportion of the total population. Children who are under-served or inappropriately served typically receive medication, often from their pediatrician or limited outpatient services. If they need more intense services, they are often placed in out-of-home placement. Frequently, they do not have access to mid-level services such as family services or alternative programs such as wrap-around.

¹¹ Note that the small numbers in these cells make interpretation of these data less reliable.

- **Among Transition Age Youth 16-24**, as a whole, the rate of youth receiving services drops off precipitously at ages 19 and 20, and starts to recover about ages 23 and 24. The gender gaps noted for children dissipate, with males overall receiving services at a rate more equal to girls. Ethnic disparities for Latino and Asian/Pacific Islander youth remain. Under-served and inappropriately served youth include those who have inadequate support to make the transition between the CSOC and ASOC, and those in transition who “fall between the cracks”. Youth with SED/SMI in transition between children’s and adult services need more than medication or outpatient services; they need age appropriate support and services, such as housing, employment, education, and life skills. Without these services, there is a higher probability of dropping out services and re-enter with more critical mental health needs as an adult.
- **Among adults 18-59**, the gender gap identified among children reverses; among all ethnic populations, females receive services at a much higher rate than males. The ethnic disparities identified above remain. Individuals who are under-served or inappropriately served include those who leave hospitals or IMDs without follow-up services or who cannot be accommodated at lower levels of care, and those who seek crisis services but do not receive them. In addition, those not served are seen disproportionately in the criminal justice system and in the streets a clear consequence of the lack of mental health services.
- **Among adults older than 60**, the number of individuals among all ethnic groups and genders is strikingly low relative to their representation in the overall population. Because of the very low numbers served, conclusions regarding disparities are very uncertain, except that females continue to be served at a much higher rate than males. Under-served and inappropriately served individuals, in addition to those described for younger adults, include those who do not receive age-appropriate services, have inadequate transportation to access ongoing services, are housed inappropriately in institutions, and most likely will not seek services without outreach.

Objectives to Reduce Disparities in Access and Services

Placer County is committed to addressing the discrepancies and disparities in access and service delivery related to race ethnicity, gender and age. MHSA objectives to reduce these disparities include:

- ✓ Reducing service disparities to Latino residents through increased outreach and new culturally appropriate services.
- ✓ Reducing the gender gap in services for children by exploring why boys (0-17) are served at a higher rate than girls.
- ✓ Reducing the gender gap in services for adults and older adults through increased outreach and more sensitivity to the needs of males.
- ✓ Increasing and improving services to transition age youth through increased outreach, development of a TAY system of care (see PTAY Wrap below), increasing cross-system collaboration among Probation, Adult System of Care and Children’s System of Care, and tailoring services to meet the age-appropriate needs of this population.
- ✓ Increasing services to Older Adults through increased outreach and development of an Older Adult System of Care

Section III: Identifying Initial Populations for Full Service Partnerships

Chart 13 shows the populations selected as the top priority for initial full service partnerships funded by the MHSA. These populations were chosen from the groups described below for each age group.

Chart 13
Populations to be Served in Full Service Partnerships
by Initial MHSA Funding

Full Service Population	# Served 05- 06 Duplicated	# Served 06-07 Duplicated	# Served 07-08 Duplicated
Children with SED identified by county, ineligible for 26.5 services, not being served	12	29	34
TAY: 17-18 with SED/SMI aging out of CSOC, who do not subsequently receive services from ASOC.	19	33	34
Adults 18-59 with SMI with 5150 assessment, leaving jails, hospitals or Institutes for Mental Disease (IMD), without aftercare or other services.	18	36	32
Older Adults 65-84 with SMI, newly identified by county, un-served	12	44	31

Children

The MHSA Children's Work Group and the Steering Committee identified three high priority groups of children for Full Service Partnerships, to be served in the following order:

1. Children with SED identified by county, ineligible for 26.5 services, not being served by Placer County.
2. Children with SED with 5150 assessments, whose cases were not opened for intensive services.
3. Children with SED ages 0-5.

Criteria used to select the top priority groups among children and youth included:

- Estimates of the number of children in need, by age, gender and ethnicity
- Expertise brought to the work group by educators, parents, providers, clients and county staff
- Feedback on children's needs from the Information and Feedback Groups
- Client/family survey data
- MHSA guidance to "start small"
- Data on service utilization
- Are at risk of out-of-home placement, hospitalization, out-of-county placement, and/or homelessness

- The population selected is expected to be over-represented with persons from ethnic communities
- Exhibit aggressive, volatile or self-injurious behaviors

Identification of initial population

Children with SED identified by county, ineligible for 26.5 services, not being served. Based on county utilization and prevalence data, it is estimated that 135 children (22%) with SED deemed to be eligible for county Medi-Cal mental health services have not yet been identified, have not/do not meet the Government Code Section 26.5 requirements for special education services, and thus were not receiving needed services through either the school or the county to treat their SED. In the event of significant change to the current Government Code 26.5 or its state level of funding (as presumed to otherwise be continuing in the original proposition 63), the Committee recommends that, as soon as such change is known to this community, a stakeholder group of children's representatives be reconvened to address the impact on this plan's current priorities, and to update recommendations for change to the priorities and plan as currently proposed.

Transition Age Youth

TAY is defined as youth 18-24 years, but the Steering Committee identified a subgroup for intervention. Based on county utilization and prevalence data, it is estimated that 98 (34%) of the 17 and 18-year-old youth with SED/SMI who have been served in the CSOC do not successfully make the transition to adult mental health services in the ASOC. A recognition that 17 and 18 year olds in Placer County are particularly vulnerable, and highly likely to drop out of mental health services and supports, due to:

- Inadequate age-appropriate planning or assistance to transition out of CSOC into ASOC.
- Inadequate and uncoordinated and do not meet their needs for education, housing, employment, family/peer support, etc.

The MHSA TAY Work Group and the Steering Committee identified three high priority groups of youth for Full Service Partnerships. The following are the priorities in order:

1. Youth 17 and 18 years olds with SED/SMI, in transition from the CSOC to the ASOC
2. Youth 17 and 18 years olds with SED/SMI in the juvenile justice system on formal probation, including youth in substance abuse treatment
3. Youth 17 and 18 years old with SED/SMI identified by county, ineligible for 26.5 services, not being served by Placer County.

Criteria used to select the top priority transition age youth groups included:

- Estimates of the number of TAY in need, by age, gender and ethnicity
- Expertise brought to the work group by youth, parents, educators, law enforcement, providers, clients, and county staff
- Feedback on TAY needs from the Information and Feedback Groups
- Client/family survey data
- Data on service utilization
- MHSA guidance to "start small"

- Evidence that youth in the juvenile justice system have inadequate services and supports for mental health treatment and support, once they leave juvenile hall
- Evidence that these youth are liable to drop out of school without adequate support and services
- Co-occurring disorder
- At risk of deep end services/homelessness/hospitalization
- The population selected is expected to be over-represented with persons from ethnic communities.

Identification of initial population

TAY: 17-18 with SED/SMI aging out of CSOC, who do not subsequently receive services from ASOC.

Adults

The MHSA Adult Work Group and the Steering Committee identified three high priority groups of adults age 18-59 for Full Service Partnerships, to be served in the following order:

1. Adults with SMI with at risk of psychiatric hospitalization leaving jails, hospitals and IMDs without additional services
2. Adults with SMI, identified but not receiving services
3. Adults with SMI, homeless

Criteria used to select the top priority groups included:

- Estimates of the number of adults in need, by age, gender and ethnicity
- Expertise brought to the work group by clients, providers, county staff, law enforcement, faith community advocates for the homeless
- Feedback on adult needs from the Information and Feedback Groups
- Client/family survey data
- Data on service utilization
- MHSA guidance to “start small”
- Evidence that services are highly inadequate to meet the need and that adults often must fail before they are enrolled in services
- Evidence that a significant number of adults leave hospitals without adequate, or any, urgently needed follow-up supports and services. These individuals have a high likelihood of relapse
- Evidence that many individuals with SMI who are involved in the criminal justice system, or who are homeless, do not receive needed services
- The population selected is expected to be over-represented with persons from ethnic communities
- Co-occurring disorders
- Homeless or at risk or homelessness

Identification of initial population

Adults 18-59 with SMI, leaving jails, hospitals or Institutes for Mental Disease (IMD), without aftercare or other services.

Based on county utilization and prevalence data, it is estimated that 713 (54%) of adults with SMI leaving hospitals and IMDs who meet county eligibility standards do not receive follow-up services.

Older Adults

The MHSA Older Adult Work Group and the Steering Committee identified three high priority groups of older adults for Full Service Partnerships, to be served in the following order:

1. Older adults age 65-84 newly identified with SMI, un-served
2. Older adults with SMI, age 55+, in transition from the ASOC to the Older ASOC
3. Older adults age 65-84 with SMI in nursing homes.

Criteria used to select the top priority groups included:

- Estimates of the number of older adults in need, by prevalence, age, gender and ethnicity
- Expertise brought to the work group by clients, providers, advocates, county staff
- Feedback on older adult needs from the Information and Feedback Groups
- Client/family survey data
- Data on service utilization
- MHSA guidance to “start small”
- Evidence that services are highly inadequate to meet the need so that adults often must fail before they are enrolled in services
- Have physical ailments and disabilities
- Have suffered losses of family and friends
- Have lost or fear losing their driver’s licenses
- Evidence that age-appropriate services are not available for older adults, and recommendations to implement an Older ASOC in Placer County
- Co-occurring disorders
- Risk of institutionalization
- Homeless or at risk of homelessness
- The population selected is expected to be over-represented with persons from ethnic communities.

Identification of initial population

Older Adults 65-84 with SMI, newly identified by county, un-served

Based on county utilization and prevalence data, it is estimated that 86 (66%) of older adults newly identified with SMI are not receiving services.

Section IV: Identifying Program Strategies

The Placer Community Planning Process identified the following strategies (Chart 12) to be funded by MHSA in the initial three years. Full Service Partnership strategies for each specific age group population as well as four Systems Development programs supporting all SED/SMI populations were selected as top priority strategies for the

Community Services and Supports Plan. The Steering Committee recommended that all system development strategies include staff training, bilingual and bicultural staff; the capacity to track client outcomes, and improved access to individuals with multiple disabilities. Each of these strategies is described in detail in the Workplans included in Section VI.

Chart 13
Programs to Be Funded Under MHSA CSS

	Full Partnership Funds	System Development Funds
Children's Full Service Partnership – Rallying Around Families Together Expansion -Expansion of wraparound services to the Full Service Partnership priority population	X	
Transition Age Youth Full Service Partnership – Placer Transition Age Youth Wraparound (PTAY Wraparound) - Integrated, multi-disciplinary services teams with expertise in transition age youth needs and services, as well as community resources will work with TAY and their families to engage youth, assess needs and develop and monitor case plans to address the age-specific needs of youth and ensure a smooth transition to ASOC.	X	
Adult Full Service Partnership - Implement Whatever it Takes (WIT) Team for Adults with SMI leaving hospitals, IMDs and jail	X	
Older Adult Full Service Partnership - Comprehensive Mobile Outreach, Crisis Intervention, Assessment and Case Management Team for Older Adults- Multi-disciplinary team of gerontological social worker, nurse and others for outreach, assessment, case management. Team would outreach to older adults in their natural settings; assess comprehensive needs, including crisis assessment for immediate intervention and referral and clinical and non-clinical support needs; case management; strong client voice and involvement	X	

Lake Tahoe - Community team will design and provide culturally competent services and systems to increase access to mental health services for Latinos with SMI/SED in Tahoe. This will include a full service partnership strategy as well as services located in the community with a full range of community services and supports, delivered within the context of a single child/family service and support plan.	X	X
Transforming services for all clients and families through co-occurring, recovery/resiliency and cultural competency and Client and Family Driven Systems - Improve staff skills, reduce stigma/bias, change policies and procedures, strengthen partnerships, leverage funding, involve client advisors, through working with experts in comprehensive system re-design to serve co-occurring clients. Increase client, youth and family involvement in all aspects of Mental Health Services including advisory functions, program development, outreach, training and employment of clients/family members to work in the system.		X
Mental Health Crisis Response and Triage - Augment current response system, with same or next-day response, brief services, extensive triage to community services designed to reduce hospitalization, peer and family staff to support and engage clients entering service and increased security to provide necessary safety for clients, families and staff.		X

In addition to the programs listed above, the MHSA Steering Committee identified other high-priority systems changes and programs to be considered for funding through other categories of MHSA funds, other resources, leveraging of other funding streams, or re-allocation of existing funding. They include:

- 1. Outstation (and fund) parent and system advocates in schools and the community:** Advocates would assist in identifying SMI youth and refer them for assessment and services, including planning for independent living. They would also act as liaisons at system entry points, assisting agencies and parents to access appropriate services for clients, troubleshooting difficult cases, and keeping entry point updated. Note: We will be funding parent advocates as a transformational system strategy in this Community Services and Supports Plan. In addition, staff system advocates are expected to be funded in the future through MHSA Prevention and Early Intervention funds.
- 2. Housing:** Increase housing with support services, including Transitional Housing with increased services for youth 16-24, expansion of permanent Supported Housing for adults, and expansion of adult board and care homes. As a first step, Placer County will establish a fund for each of the Full Service Partnership teams to allow them to purchase “whatever it takes” in order to assist clients to reach their goals. This fund will include housing assistance as necessary.

3. **Welcome Center:** Establish a client-run center providing a wide range of outreach, engagement, referral and direct services and activities for mental health clients. The Welcome Center is currently funded through AB 2034 funds. Note: The Client and Family staff positions identified as a System Transformation strategy will allow additional client employees to be hired to staff this critical program. In addition, there are on-going discussions to assist this client-run program to gain additional organizational independence with assistance from the United Advocated for Children in California organization.
4. **Transition Age Youth Leadership Structure:** Create a leadership structure for interagency collaboration to support transition services for young people 16-24 and coordinate community outreach. Note: This leadership structure will be implemented as the Transition Review Team convened for the TAY Full Service Partnership.
5. **Multidisciplinary Entry Team for Adults:** Establish a team including an employment specialist, housing coordinator, client support staff, outreach staff, and clinical practitioner to provide prompt assessment of service needs at intake.
6. **Electronic Community Outreach:** Develop and disseminate an electronic, internet-based matrix of available services and eligibility criteria for mental health that can be used by staff at potential system entry points.
7. **Employment Services for Adults:** Assure that employment specialists participate on adult multidisciplinary teams; match vocational rehabilitation funds to support clients in becoming employed; and contract with employment organizations to serve clients. Note: This strategy will be partially implemented through employment services provided to Full Service Partnership clients.

Outreach and Engagement Strategies

All target populations targeted for Full Service Partnership strategies will receive outreach interventions in addition to the Full Service Partnership. Carefully targeted outreach strategies will also be used to address the under-served Latino population in Placer County. Teams will utilize bilingual/bicultural client and family outreach workers to engage un-served persons who meet the target populations.

Section V: Assessing Capacity

Assessment of Placer County Staff Capacity

The Placer County SOC organizational and provider assessments of ethnic and bilingual capacity which was completed in the Plan for Culturally Competent Specialty Mental Health Services is included in Appendix C.

Although the following information pertains specifically to Placer County's Latino and Spanish-speaking direct service staff, the data indicates that direct service staff are more underrepresented than support staff relative to all Placer County's Medi-Cal eligible populations. The county is attempting to increase its ability to attract and retain bilingual and culturally diverse direct service staff in proportion to the County's Medi-Cal eligible and Medi-Cal beneficiaries' populations.

Placer County's only threshold minority (Latino) represents 15.45% of our Medi-Cal eligible population and they represent 3.74% of our Medi-Cal beneficiaries. The Latino Medi-Cal penetration percentage is 2.90% (Source: CA Department of Mental Health, January 2002 Medi-Cal data). In fiscal year 2002-03, 2,036 Placer County Medi-Cal beneficiaries received Medi-Cal specialty mental health services. Of these, 125 (6%) were Latino (Source: Placer County Medi-Cal utilization data). In comparison, of the 416 direct service staff, 25 (6%) are Latino, and 13 (3%) are Spanish speaking.

Placer County provides services in each of the major geographic areas of the county. These areas include: Roseville, Auburn, and Tahoe City. Spanish-speaking staff is dispersed (based on the relative size of the areas caseloads) across each of these areas (Chart 14).

Chart 14
Distribution of Latino and Spanish Speaking
Direct Service Staff by Location

Area	Number-Latino Direct Service Staff	Number-Spanish Speaking Direct Service Staff
Auburn	13	7
Roseville	12	5
Tahoe City		1

Complementing the above, the design of the Health and Human Services Department provides ready access to additional bicultural/bilingual staff from other divisions (e.g., Health and Human Services), as needed, to back up mental health direct service staff.

In addition, a significant number of target population clientele are served by community-based organizations (that employ bicultural/bilingual direct service staff) including the family resource centers and the Lincoln Lighthouse. In some cases, Placer County SOC provides funding for these programs and in all cases we actively collaborate with them to serve target populations.

While it appears the direct service staff makeup is sufficient to meet the needs of our current Medi-Cal beneficiaries, to continue our goals of increasing Medi-Cal minority penetration percentages, reducing and eliminating barriers to access, and to becoming a culturally competent service delivery system, it will require the county's ability to attract and retain bilingual and culturally diverse direct service staff.

Assessment of Direct Service Providers

Among the 197 non-institutional private providers contracting with Placer County to offer mental health services, only twelve (6%) speak Spanish and only one provides services in the Tahoe area. Sixty (30.4%) report cultural competency with the following groups:

- 38 – Latinos
- 29 – African Americans
- 24 – American Indians

- 5 - Russians
- 4 – Asians
- 3 – Gays/Lesbians

Again, only one provider serves the Tahoe area.

Barriers to Program Implementation

Potential barriers to implementing the programs including in the MHSA Community Supports and Services Plan and possible solutions include:

- Difficulties in hiring bilingual/bicultural staff. Overall staff recruitment is hampered by the very high cost of living in Placer County, particularly the cost of housing. The relative lack of diversity in the county also makes it hard to attract bilingual/bicultural staff. To a limited extent, the 5% pay differential for bilingual, bicultural staff has mitigated these difficulties; Placer SOC has been successful but slow in hiring diverse staff. SOC plans to do targeted recruiting for the bilingual/bicultural counselor and practitioner staff proposed to be funded by MHSA.
- The isolation and climate of the Tahoe area also restricts recruitment. In addition, to very high housing costs, many perspective employees do not want to live in the snow, or face icy (or closed) routes to meetings in Auburn or Roseville. Targeted recruitment and partnerships with community partners will be critical to filling positions at Tahoe.

Section VI: Workplans

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2005-2006

County: Placer		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Children's Full Service Partnership - RAFT	\$77,166		\$21,000	\$98,166	\$98,166			
2	TAY Full Service Partnership – Placer Transitional Age Youth Wraparound	\$284,216		\$21,000	\$305,216		\$305,216		
3	Adult Full Service Partnership - Whatever It Takes (WIT) Team	\$317,288		\$23,000	\$340,288			\$340,288	
4	Older Adult Full Service Partnership - Comprehensive Mobile Outreach, Crisis Intervention and Case Management Team	\$157,663		\$25,000	\$182,663				\$182,663
5	Lake Tahoe System Development Strategy		\$55,316	\$20,000	\$75,316	\$18,829	\$18,829	\$18,829	\$18,829
6	Transforming services through co-occurring, recovery/resiliency, cultural competency, and Client/Family Driven Services		\$274,268		\$274,268	\$68,567	\$68,567	\$68,567	\$68,567
7	Mental Health Crisis Response and Triage	\$71,600	\$71,600		\$143,200	\$35,800	\$35,800	\$35,800	\$35,800
8	Management	\$61,424	\$61,424	\$61,425	\$184,273	\$46,068	\$46,068	\$46,068	\$46,069
9	TOTAL	\$969,357	\$462,608	\$171,425	\$1,603,390	\$267,430	\$474,480	\$509,552	\$351,928

Fiscal Year : 2006-2007

County: Placer		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Children's Full Service Partnership - RAFT	\$122,158		\$44,000	\$166,158	\$166,158			
2	TAY Full Service Partnership – Placer Transitional Age Youth Wraparound	\$302,012		\$56,000	\$358,012		\$358,012		
3	Adult Full Service Partnership - Whatever It Takes (WIT) Team	\$403,334		\$44,000	\$447,334			\$447,334	
4	Older Adult Full Service Partnership - Comprehensive Mobile Outreach, Crisis Intervention and Case Management Team	\$150,587		\$44,000	\$194,587				\$194,587
5	Lake Tahoe System Development Strategy		\$114,860	\$25,000	\$139,860	\$34,965	\$34,965	\$34,965	\$34,965
6	Transforming services through co-occurring, recovery/resiliency, cultural competency, and Client/Family Driven Services		\$482,884		\$482,884	\$120,721	\$120,721	\$120,721	\$120,721
7	Mental Health Crisis Response and Triage	\$125,164	\$125,165		\$250,329	\$62,582	\$62,583	\$62,582	\$62,582
8	Management	\$250,307	\$182,917	\$48,136	\$481,360	\$120,340	\$120,340	\$120,340	\$120,340
9	TOTAL	\$1,353,562	\$905,826	\$261,136	\$2,520,524	\$504,766	\$696,621	\$785,942	\$533,195

2007-2008

Fiscal Year :

County: Placer		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Children's Full Service Partnership - RAFT	\$132,777		\$44,000	\$176,777	\$176,777			
2	TAY Full Service Partnership – Placer Transitional Age Youth Wraparound	\$314,442		\$56,000	\$370,442		\$370,442		
3	Adult Full Service Partnership - Whatever It Takes (WIT) Team	\$425,253		\$44,000	\$469,253			\$469,253	
4	Older Adult Full Service Partnership - Comprehensive Mobile Outreach, Crisis Intervention and Case Management Team	\$162,388		\$44,000	\$206,388				\$206,388
5	Lake Tahoe System Development Strategy		\$112,473	\$25,000	\$137,473	\$34,368	\$34,368	\$34,368	\$34,369
6	Transforming services through co-occurring, recovery/resiliency, cultural competency, and Client/Family Driven Services		\$517,406		\$517,406	\$129,351	\$129,352	\$129,351	\$129,352
8	Mental Health Crisis Response and Triage	\$129,248	\$129,248		\$258,496	\$64,624	\$64,624	\$64,624	\$64,624
9	Management	\$281,440	\$170,874	\$50,258	\$502,572	\$125,643	\$125,643	\$125,643	\$125,643
10	TOTAL	\$1,445,548	\$930,001	\$263,258	\$2,638,807	\$530,763	\$724,429	\$823,239	\$560,376

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:									
FY 2005-06: Children and Youth:	12	Transition Age Youth:		19	Adult:		18	Older Adult: 12	
TOTAL: 61									
FY 2006-07: Children and Youth:	29	Transition Age Youth:		33	Adult:		36	Older Adult: 44	
TOTAL: 142 Duplicated									
FY 2007-08: Children and Youth:	34	Transition Age Youth:		34	Adult:		32	Older Adult: 31	
TOTAL: 131 Duplicated									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
	% Unserved				% Underserved				
	% Male		% Female		% Male		% Female		
Race/Ethnicity	% Total	% Non-English Speaking	% Total	% Non-English Speaking	% Total	% Non-English Speaking	% Total	% Non-English Speaking	% TOTAL
2005/06									
% African American	11	0	11	0	11	0	11	0	11
% Asian Pacific Islander	11	0	11	0	11	0	11	0	11
% Latino	22	11	22	11	22	11	22	11	22
% Native American	11	0	11	0	11	0	11	0	11
% White	44	11	44	11	44	11	44	11	44
% Other	0	0	0	0	0	0	0	0	0
Total Population	9	22	9	22	9	22	9	22	36
2006/07									
% African American	9	0	9	0	9	0	9	0	9
% Asian Pacific Islander	9	0	9	0	9	0	9	0	9
% Latino	17	4	18	4	18	4	18	4	18
% Native American	9	0	9	0	9	0	9	0	9
% White	57	4	55	4	55	4	55	4	55
% Other	0	0	0	0	0	0	0	0	0
Total Population	23	9	22	9	22	9	22	9	89
2007/08									
% African American	9	0	9	0	9	0	9	0	9
% Asian Pacific Islander	9	0	9	0	9	0	9	0	9
% Latino	17	4	18	4	18	4	18	4	18
% Native American	9	0	9	0	9	0	9	0	9
% White	57	4	55	4	55	4	55	4	55
% Other	0	0	0	0	0	0	0	0	0
Total Population	23	9	22	9	22	9	22	9	89
Percentages do not add to 100 due to rounding.									

Exhibit 4

County: Placer	Fiscal Year: 05-06	Program Work Plan Name: Children's Full Service Partnership – RAFT						
Program Work Plan #:1		Estimated Start Date: October 2005						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	This program expands Placer County's Wraparound Program, called Rallying Around Families Together (RAFT,) to a new population. RAFT will provide eligible children with a family-centered, strength-based, needs-driven planning process for creating individualized services, and supports. The goal of this program for children, youth, and their families is to facilitate access to normalized and inclusive community options, activities and opportunities, and to promote educational success/							
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Children (17 years and under) with severe emotional disorders deemed eligible for County Mental Health Services but do not meet the California Education Code Section 26.5 criteria for special education services and thus are not receiving needed services or the appropriate level of services through either the school or the county.							
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)		Fund Type			Age Group			
		FSP	Sys Dev	OE	CY	TAY	A	OA
Case Assignment Team. Referrals reviewed, prioritized by the Case Assignment Team. Youth/Family Involvement Each child/family will work with staff to create an individualized service and support plan. Regular Family Team Meetings will review the families' strengths, needs, and desired outcomes and potential services and supports. Each Family Team will include any community partners that are important to the family. Services. Staff will provide families with information about services and community resources to understand and prioritize choices. Services will include provision or linkages to all needed services. The County, community partners and client/family will cooperate to provide "whatever it takes" to achieve goals. These services will be provided in an integrated fashion. Flexible funding. The county will establish a Wrap-fund for flexible and individualized services Cultural competency. Plans will be culturally appropriate and developed with a linguistically competent staff member. Case Managers will know the resources of the client's community. Family Support Counselor - Each family will be assigned a Family Support Counselor to assist in implementing their Individualized Service Plan and a Parent Support/Advocate to help them navigate the CSOC Outreach and Engagement – CSOC will work closely with the schools to identify the children who qualify for the new RAFT funding. Special attention and outreach will occur in the Latino community to address ethnic disparity.		X			X			

Full Service Partnership

Children/Family Work Plan

Program Summary

Placer County's Client/Family program is modeled after Placer County's, Rallying Around Families Together (R.A.F.T. or SB163) wraparound program. The client/family program will provide eligible children with a family-centered, strength-based, needs-driven planning process for creating individualized services, and supports.

1. Population to be Served

Definition

Children (17 years and under) with Severe Emotional Disorders deemed eligible for County Mental Health Services but do not meet the Government Code 26.5 criteria for Special Education Services. These targeted children are not receiving needed services or the appropriate level of services through either the school or the county.

In the event of significant change to the current Government Code 26.5 or its state level of funding (as presumed to otherwise be continuing in the original proposition 63), the Committee recommends that, as soon as such change is known to this community, a stakeholder group of children's representatives be reconvened to address the impact on this plan's current priorities, and to update recommendations for change to the priorities and plan as currently proposed

Number to be served

- First Year (2005–2006) 7 children/youth/families (first year based on six month implementation)
 - 12 total new children/youth/families
 - 5 leave/graduate
- Second Year (2006-2007): 18 children/youth/families
 - 11 new children/youth/families
- Third Year (2007-2008): 18 children/youth/families
 - 16 new children/youth/families
- Three year cumulative total: 39 unduplicated children/youth/families served

2. Program

Placer County's Wraparound program, R.A.F.T, provides eligible children with family-based service alternatives to group home care, targeting wraparound as the service alternative. Wraparound is a family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children, youth, and their families to facilitate access to normalized and inclusive community options, activities,

and opportunities. Targeted children are currently residing in, or at risk of being placed in, a group home licensed at a rate classification level of 10 to 14.

Under the provisions of California's MHSA, Placer County's CSOC would provide like-services for those children who do not meet the criteria for RAFT funding as described above. Children could be referred for possible eligibility for this new service to determine if they meet W & I 5600.3, SED children or adolescent category. Children and youth must meet one criteria in A and one criteria from B:

A. Must meet one of the following:

- Are receiving private sector psychiatric or primary care intervention, including medication, for a mental health condition
- Are receiving out-patient mental health intervention which is inadequate to address the social/emotion behaviors displayed causing the family to be under-served and inappropriately served

B. Must meet one of the following criteria:

- Exhibit aggressive, volatile or self-injurious behaviors
- Referred to and/or received services from the Crisis Resolution Center
- Evaluated for or placed on a 5150 hold
- Are being discharged from a psychiatric facility
- Are at risk of out-of-home placement due to danger to self or others
- Repeated requests for crisis services in the last three months
- Repeated Law Enforcement involvement, with or without charges or citations
- Referrals from community-based organizations, where the child/family issues are beyond their capacity
- Have been assessed for special education and do not qualify

Placer County plans to hire the following:

- 1.0 FTE lead case manager (.65 funded by MHSA .35 by EPSDT/FFP offset)
- 1.0 FTE Family Support Counselor, position will be provided by the private sector community partners (.75 funded by MHSA .25 by EPSDT/FFP offset).
- 1.0 FTE Parent Support/Advocate (funding from another source)
- 0.50 FTE Clerical Staff

In addition, the county will establish a flexible Wrap-fund for children/families.

These additional staff members will provide the same services as the existing RAFT program. Their caseload would be small enough, 8 to 10 families at a time, to provide intensive services and response to clients and collaborative partners.

Placer County CSOC provides 24-hours a day/7 days a week availability through the RAFT program, which requires staff to be on call on a rotational basis. The RAFT team will assure that all staff responding will be familiar with the children and families in order to provide effective urgent services. These urgent services will be expended to community collaborators. In addition, our ACCESS program offers crisis services 24-hours a day/7days a week. Through Placer's MHSA Children's Full Service Partnership Strategy, children un-served or under-served will now have access to the same full

array of services. Each child/family will work together with staff as equals to create a Unified Service Plan (USP). Regularly scheduled Family Team Meetings will be held with a neutral facilitator to review the families' strengths, needs, and desired outcomes, as well as, the potential services and supports that the family deems potentially beneficial. Staff will provide families with sufficient information about services and community resources so they understand their choices and can prioritize them according to their needs. The county, community partners, and client/family will cooperate to provide all necessary and desired appropriate services to achieve identified goals. These services would have as an underlying principle "whatever it takes". Services will include provision or linkages to all needed services, including increasing and decreasing intensity. Children and families will benefit from these seamless, integrated systems of care.

Each Family Team will include any community partners that are important to the family. Community partners may be other service providers, members of the faith-based community, additional family members, neighbors or other persons identified by the family. Community partners will assist in the implementation of the plan (See 8 below). Services are arranged to provide an integrated service experience for the family.

The USP will be wellness/recovery/resiliency focused.

Each family will be assigned a Family Support Counselor to assist them in implementing their USP, such as providing one-on-one support to implement behavioral intervention plans in the home or community. A designated Parent Support/Advocate will help them navigate the CSOC.

3. Housing or Employment

Often a child's crisis is worsened by family stress. These issues may include lack of adequate housing or employment difficulties (underemployment, long hours, hours conflicting with the child's need for supervision and care, inadequate childcare, and transportation difficulties). The families will have access to housing, employment, and transportation supports. This should result in better stability for the child and better outcomes.

4. Cost/Funding Types

- Annualized cost per participant is: \$12,532.00
- Other sources of funding will be leveraged to include EPSDT/FFP

5. Advancing Recovery and Resiliency

Wraparound is based on principles of self-determination and empowerment of the child, youth, and family. Plans are developed in partnership with the child/family and build on their strengths. All mental health staff and community partners are trained in the application of recovery and resilience principles.

6. Expansion of Existing Strategy

Currently, our RAFT program is serving approximately 25 youth and their families. These children meet the legislative criteria of being either a ward or dependent (court involved) or who meet special education criteria of Emotionally Disturbed and are at-risk of out-of-home placement. Through this Full Partnership Work Plan, RAFT will serve an additional 15 to 20 youth each year of ongoing funding. The current RAFT referral form will be adapted, as necessary, to meet the needs of this expansion. The referrals will be reviewed and prioritized by the Case Assignment Team. If a referral is screened out as not appropriate or any of the parties disagree with the outcome of the screening process, an appeal can be requested. The Systems Management Team (SMT) will hear the appeal at a scheduled case conference.

7. Client/Family Involvement

Through additional funding provided under the Mental Health Services Act, full-time Parent Support/Advocates will be dedicated to work along side staff and families enrolled in this program. Parent Advocates provide a continuum of supports and services that enhance family members' knowledge and skills about the SOC, the services available, parent's rights, and other nuances of bureaucracy. They are there to listen and empower the family. They are trusted because the Parent Advocates have "been there, done that" themselves and they can share what they have learned on their journey. Parent Advocates also enhance the knowledge and skills of the 'professional' staff, which are not trained to work as equals with family members. Parent Advocates may act as the 'conscience' of the staff that may drift toward bureaucracy and away from family voice and choice.

8. Community Collaboration

In conjunction with the theories and principles of Wraparound, Placer has initiated and thoroughly developed numerous relationships with community-based partnerships including behavioral specialists, education specialists, family-based organizations, probation officers, bilingual providers, faith-based organizations, and the United Auburn Indian Community. Many, if not all, are often invited to participate in Family Team Meetings or case planning staff meetings.

9. Cultural/Linguistic Competency

Placer County SOC will continue to offer training to all staff to improve our cultural sensitivity and competence. We will actively recruit staff and Family Advocates from our Latino community. We will assure that our services will be delivered in the primary language of each family. USPs will be culturally appropriate and developed with the aid of a linguistically competent staff member. Case Managers will be trained in Cultural Competency and know the resources of the client's racial/ethnic community. Prioritizing these families as greater risk, thus facilitating entry will reduce discrepancy in access by minorities.

10. Sexual Orientation/Gender Sensitivity

County staff, families, and other community partners will identify competent and sensitive resources to assist with these issues. Training will be provided to address these issues.

11. Out of County Clients

Children placed out of county would qualify for SB 163 Wraparound services and therefore this program would not be necessary. However, if there is a child placed out of county who did not qualify for SB 163, these services would be provided to any one who met the eligibility criteria.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: October 2005-January 2006

Recruit:

- One FTE lead case manager-County (est. 35% EPSDT/FFP offset)
- One FTE Family Support Counselor-Contract with private provider (est 25% EPSDT/FFP offset)
- One FTE Parent Support/Advocate (funding from other source)
- 0.50 FTE Clerical Staff /county

Phase 2: February 2006-June 2006

- Hire the above staff
- Adapt or adopt RAFT referral form and process
- Provide outreach and education to the CSOC staff, community partners and schools regarding this program component
- Begin to implement the program services to the families that are referred

Phase 3: July 2006-September 2006

- Continue to add families who are receiving services to 10 families.
- Continue to review and revise work processes and evaluate outcomes.
- Continue to provide outreach and education to CSOC staff and the community

Phase 4: October 2006-December 2006

- Continue services, outreach and education
- Review and evaluate outcomes and services.

Placer County Children/Family Budget Narrative

FY 05-06

Program: Children/Family

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines a-d funding necessary to support Client Services Practitioner II and Administrative Clerk to begin implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - None budgeted

B. Revenues

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>1</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>Children</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>5</u>	
Proposed Total Client Capacity of Program/Service: <u>7</u>	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>7</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$1,944			\$1,944
b. Travel and Transportation	\$1,944			\$1,944
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$1,946			\$1,946
d. Employment and Education Supports	\$1,944			\$1,944
e. Other Support Expenditures	\$1,944			\$1,944
f. Total Support Expenditures	\$9,722	\$0	\$0	\$9,722
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$30,488			\$30,488
c. Employee Benefits	\$13,067			\$13,067
d. Total Personnel Expenditures	\$43,555	\$0	\$0	\$43,555
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,125			\$3,125
d. General Office Expenditures	\$1,295			\$1,295
e. Rent, Utilities and Equipment	\$2,059			\$2,059
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$6,479	\$0	\$0	\$6,479
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$27,728			\$27,728
6. Total Proposed Program Budget	\$87,484	\$0	\$0	\$87,484
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$14,318			\$14,318
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$14,318	\$0	\$0	\$14,318
3. Total Revenues	\$14,318	\$0	\$0	\$14,318
C. One-Time CSS Funding Expenditures	\$25,000			\$25,000
D. Total Funding Requirements	\$98,166	\$0	\$0	\$98,166
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Placer Fiscal Year: 2005-06
 Program Workplan # 1 Date: 10/13/05
 Program Workplan Name Children Page: 2 of 2
 Type of Funding 1. Full Service Partnership Months of Operation 5
 Proposed Total Client Capacity of Program/Service: 7 New Program or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 7 Telephone Number: _____

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions					
	Client Services Practitioner II (Lead Case Manager)		0.42	\$55,892	\$23,475
	Administration Clerk		0.21	\$33,397	\$7,013
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		0.00	0.63		\$30,488
C. Total Program Positions		0.00	0.63		\$30,488

Placer County Children/Family Budget Narrative

FY 06-07

Program: Children/Family

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines a-d funding necessary to support staff to continue implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
6. Estimated Total Expenditures when service provider not known:
 - None budgeted

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>1</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Children</u>	Page: <u>1 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>18</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>18</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$4,449			\$4,449
b. Travel and Transportation	\$4,449			\$4,449
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$4,451			\$4,451
d. Employment and Education Supports	\$4,449			\$4,449
e. Other Support Expenditures	\$4,449			\$4,449
f. Total Support Expenditures	\$22,247	\$0	\$0	\$22,247
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$75,669			\$75,669
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$32,430			\$32,430
d. Total Personnel Expenditures	\$108,099	\$0	\$0	\$108,099
3. Operating Expenditures				
a. Professional Services	\$5,435			\$5,435
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,741			\$3,741
d. General Office Expenditures	\$4,263			\$4,263
e. Rent, Utilities and Equipment	\$4,270			\$4,270
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$17,709	\$0	\$0	\$17,709
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$68,819			\$68,819
6. Total Proposed Program Budget	\$216,874	\$0	\$0	\$216,874
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$50,716			\$50,716
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$50,716			\$50,716
3. Total Revenues	\$50,716	\$0	\$0	\$50,716
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$166,158	\$0	\$0	\$166,158
E. Percent of Total Funding Requirements for Full Service Partnerships				

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>1</u>	Date: <u>10/13/05</u>
Program Workplan Name <u>Children</u>	Page: <u>2 of 2</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>18</u>	New Program or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>18</u>	Telephone Number: <u>530.886.2836</u>

Placer County MHSA CSS Plan and Expenditures, October 2005

Placer County Children/Family Budget Narrative

FY 07-08

Program: Children/Family

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines a-d funding necessary to support staff to continue implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - None budgeted

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>1</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>Children</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>18</u>	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>18</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$6,067			\$6,067
b. Travel and Transportation	\$6,067			\$6,067
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$6,067			\$6,067
d. Employment and Education Supports	\$6,067			\$6,067
e. Other Support Expenditures	\$6,069			\$6,069
f. Total Support Expenditures	\$30,337	\$0	\$0	\$30,337
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$77,939			\$77,939
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$33,403			\$33,403
d. Total Personnel Expenditures	\$111,342	\$0	\$0	\$111,342
3. Operating Expenditures				
a. Professional Services	\$5,459			\$5,459
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,441			\$3,441
d. General Office Expenditures	\$4,523			\$4,523
e. Rent, Utilities and Equipment	\$4,209			\$4,209
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$17,632	\$0	\$0	\$17,632
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$70,884			\$70,884
6. Total Proposed Program Budget	\$230,195	\$0	\$0	\$230,195
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$53,418			\$53,418
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$53,418			\$53,418
3. Total Revenues	\$53,418	\$0	\$0	\$53,418
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$176,777	\$0	\$0	\$176,777
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>
Program Workplan #: <u>1</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Children</u>	Page: <u>2 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>18</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>18</u>	Telephone Number: <u>530.886.2836</u>

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions Client Services Practitioner II (Lead Case Manager) Administration Clerk	Manage Cases		1.00	\$60,010	\$60,010
	Support client service staff		0.50	\$35,858	\$17,929
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	1.50		\$77,939
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	1.50		\$77,939

County: Placer	Fiscal Year: 2005-06	Program Work Plan Name: TAY Full Service Partnership – Placer Transitional Age Youth (PTAY) Wraparound						
Program Work Plan #2		Estimated Start Date: October 2005						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	PTAY Wraparound will provide Transitional Age Youth with intensive services provided by CSOC, ASOC and community partners. The PTAY team with youth and family will work towards each youth's self-sufficiency/independence, wellness/recovery/resiliency, and incorporate the youth's strengths in interventions. The goal is to prevent long term and/or deep end services and homelessness.							
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Transition Age Youth 17-18 with SED/SMI aging out of CSOC, who require services and who are at risk of hospitalization or incarceration, or are stepping down from residential programs							
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)		Fund Type			Age Group			
		FSP	Sys Dev	OE	CY	TAY	A	OA
<p>TRT A Transition Review Team (TRT) will oversee PTAY Wrap, receive referrals to the program for youth aging out of CSOC, and prioritize youth those at greatest risk due to being un-served, under-served, and inappropriately served. Those needing less intensive services will participate in a transition team meeting and be offered services provided through existing community partners and new partners to be developed. Those who need more intensive services to prevent long term and/or deep end services will participate in the Full Service partnership provided by CSOC, ASOC and community partners.</p> <p>PTAY Wraparound Teams: The youth's community, family, present service providers and other identified county and community partners will be invited to participate in PTAY WRAP team meetings and provide on-going support and services as identified by the Unified Service Plan (USP).</p> <p>Youth and Family involvement: Through facilitated PTAY Wrap teams, youth and their other team members will identify strengths, target areas of concern, and service needs and develop comprehensive USP. Goals will be developed around recovery, education, employment, housing, transition in the community, and transition to ASOC.</p> <p>Flexible funds for wraparound services: Funds will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, clothing, food, and other services</p>		X				X		

Full Service Partnership

Transitional Age Youth Work Plan

Program Summary

The Placer Transitional Age Youth (PTAY) Wrap Around strategy will respond to the needs of the un-served and inappropriately served Transitional Age Youth (TAY). A dedicated PTAY team comprised of CSOC, ASOC, and community partners will provide intensive services for youth at risk of hospitalization, incarceration, long term or deep end services. They will also target youth stepping down from residential programs. A Transition Review Team (TRT) will be created to determine eligibility for service.

1. Population to be Served

Definition

Un-served, under-served and inappropriately served, seventeen years of age to the nineteenth birthday (or graduation) with SMI transitioning from CSOC to ASOC.

Number of TAY Served

- First year (2005-2006): 11 transitional age youth (first year based on six month implementation)
 - 19 total new TAY
 - 8 graduate/leave
- Second Year (2006-2007): 22 clients
 - new TAY 11
- Third Year (2007-2008): 22 clients
 - new TAY 12
- Three year cumulative total: 42 unduplicated transitional age youth served

Entrance Criteria for PTAY Wrap

- SED/SMI (required)
- In Foster Care
- Lack of family supports or significant family issues impairing their ability to help the youth transition
- Multiple placement history
- History of hospitalization in the last 24 months
- Lack of or limited community support
- Youth at risk of deep end services

Priority Criteria

The Transition Review Team will prioritize youth for those at greatest risk due to being un-served, under-served, and inappropriately served and one of the following:

- Meet two or more of the entrance criteria in addition to SED/SMI
- Ethnic/minority youth
- In Placer County RAFT (Wrap Around service)
- Multiple system Youth (Mental Health/Probation/Child Welfare)

2. Program

PTAY Wrap Around strategy will respond to TAYs need for a USP that is strength based and client/family centered. PTAY Wrap plans for youth will include goals and objectives on independent living skills, housing, employment, etc.

This innovative strategy was developed with input from TAY information and feedback groups, the TAY work group that included transitional age youth, parents, community partners, and CSOC and ASOC staff. Targeted recruitment will occur for youth mentors/peers. PTAY Wrap will be organized and committed to principles that include:

- Client/family driven services and treatment so that each youth maximizes their potential
- Self sufficiency and independence
- Incorporating the youth's strengths in interventions
- Clients have a voice and choice
- One client, one team and one USP
- Belief in Wellness/Recovery/Resiliency of TAY
- Need for community partnerships
- Need for community involvement and leadership
- Client/family experience a seamless, integrated service

This strategy will incorporate multiple partners:

- Family, community, education, employment, ASOC/CSOC, probation, and private service providers.
- PTAY Wrap team will include:
 - TRT (a leadership and oversight team) that will review cases and authorize services into Level 1 or Level 2 services. This team will be authorized by SMART Policy
 - Manager oversight of service integration between CSOC, ASOC, and community partners, as well as, participation in policy development with TRT
 - 0.5 FTE PTAY Wrap Supervisor
 - 1.0 FTE PTAY Wrap Personal Services Coordinator
 - 1.0 FTE PTAY Support clinician
 - 1.0 FTE PTAY resource/support counselor from private providers
 - 1.0 FTE PTAY client youth funded by Systems Development Strategies.

Flexible funds will be utilized to ensure the youths needs are met in a "whatever it takes" model including, but not limited to, housing stipends, clothing, food, and other services where funding is not available.

The PTAY Wrap Service Clinician will provide case management. Caseload will be on average 10 TAY (1 staff to 10 youth). The PTAY Support Clinician will provide augmented services and intensive support to all PTAY authorized children who are receiving services in CSOC and ASOC. The Support Clinician will not carry cases, but will provide augmented services to those case-carrying workers at the identified partner agency. This caseload structure will ensure implementation of USP goals and objectives and 24/7 urgent responses to family and community collaborators.

PTAY Wrap will include two levels of service:

- Level 1 PTAY Wrap: Less intensive services provided through existing community partners and new partners to be developed for youth who may need only PTAY TRT authorization and a transition team meeting.
- Level 2 PTAY Wrap: More intensive services provided by CSOC, ASOC, and community partners for youth who require services to prevent long term and/or deep-end services, who are at risk of hospitalization or incarceration, and who are stepping down from residential programs.

The TRT will be an oversight committee that will receive referrals to the PTAY program and determine the appropriateness of the referral. If accepted into the PTAY program, this committee will also determine the appropriate path for services. The committee will oversee the policies pertaining to PTAY to ensure they remain pertinent and are implemented correctly. The committee will be a collaboration of leadership representatives from the following: CSOC, ASOC, community providers, education, probation, and employment. They will be responsible to the ASOC and CSOC directors. If the referring parties are in disagreement of the decision made by the oversight committee, they may appeal the decision to the directors of CSOC and ASOC and if needed, the SMART policy board.

Through facilitated PTAY Wrap team meetings, youth and their other team members will identify strengths, target areas of concern, and service needs. This client centered PTAY Wrap team will develop comprehensive USPs. The youth's community, family, present service providers, and other identified county and community partners will be invited to participate in PTAY Wrap team meetings and on-going support and services as identified by the USP.

Clear goals and objectives will be developed for each TAY to address identified unmet and on-goings needs. Goals and objectives may include, but are not limited to, employment, housing, transition in the community, and transition to ASOC.

3. Housing and Employment

Housing: The flexible funds utilized to ensure the youths needs are met in a “whatever it takes” model will include strategies to assist youth with housing and employment. The Advocates for the Mentally Ill Housing Corporation are presently partners with ASOC in a program that leases rental properties. The county provides staff services and supports at various levels of intensity. The Corporation is self-sufficient, relying on SSI

income, grant funding, or other client income for rent. Housing expenses such as food, electricity, phone, and TV are included in the monthly charge. Many clients need Assisted Living in order to be successful at independence and do not receive SSI. These clients can be helped with designated funds. Assistance with rent issues including, first and last month rent subsidies assist clients to establish independent living. Full Service Partnership clients will now have these additional resources.

Employment: The PTAY team will work in partnership with the ASOC employment team. The employment team will work to identify employment that is suited for TAY. Specific employment needs will be met when necessary with the flexible funds identified for to meet “whatever it takes”.

4. Cost/Funding Types

- Annualized cost per participant is: \$15,459.00
- Other sources of funding will be leveraged: Medi-Cal dollars

5. Advancing Recovery and Resiliency

Wraparound is based on principles of self-determination and empowerment of the youth and family. Plans are developed in partnership with the youth and build on their strengths. All mental health staff and community partners are trained in the application of recovery and resiliency principles.

6. Existing Strategy

N/A

7. Client/Family Driven

Youth and family will drive the PTAY Wrap strategy by partnering in the developing of their USP goals and objectives. Paid, volunteer client, youth member, youth peers, and family partners may be involved by:

- Clients/family support in the process
- Participant in the PTAY Wrap team meetings
- Consulting on strategies and services

8. Community Collaboration

Community collaboration is key to the success of PTAY Wrap. Team members and leadership will identify partners and develop community liaisons. As described above the community partners will be members of the PTAY TRT oversight committee implementing the policies and procedures of the program, as well as, making decisions around program acceptance and appropriate paths. Additionally, PTAY Wrap team meetings will include community participation in USP development. By utilizing

community partners and liaisons, PTAY Wrap will be able to increase the probability of each youth's success.

9. Cultural/Linguistic Competency

Un-served, and inappropriately served ethnic youth is an entrance criteria priority (along with other factors related to acuity). Services will be identified that are culturally competent and culturally relevant for youth. Youth with their PTAY Wrap team will identify culturally competent resources that may include but is not limited to: youth's community, family, other community partners, faith community, and private providers. Youth will receive culturally competent services, which may include bilingual/bicultural services. The PTAY Wrap team will have access to training through support and consultation from the Placer County System of Care Cultural Competency Committee.

10. Sexual Orientation/Gender Sensitivity

PTAY Wrap services will be committed to develop services and strategies sensitive to sexual orientation and gender for the un-served, under-served, and inappropriately served youth. Youth with the other PTAY Wrap team members will identify competent and sensitive resources that may include: youth's community, family, other community partners, faith community, and private providers.

11. Out-of-County

PTAY Wrap services will provide the same level of service to Placer youth that are placed out of county. Placer County residents who are placed out of county will also be eligible for this program, provided they meet the entrance criteria.

PTAY Wrap services will work with youth to develop a transition plan and provide access to necessary services prior to exiting foster care or residential programs. All foster youth placed in Placer will have access to Independent Living Plan and Foster Care Youth Services. Eligible non-foster youth will have access to similar services through PTAY. As the adolescents turn 18 years old, the TRT shall determine the best means of continuing necessary services, either in the private network or in ASOC.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: October 2005 – January 2006

- Convene TAY stakeholders meeting for orientation of Placer Transitional Age Wrap service
- Identify members of the TRT oversight committee and clarify role of said committee
- SMART Policy approval of TRT authority and appeal process
- Develop job description and job scope for 1.0 PTAY Wrap supervisor
- Develop job description for 1.0 PTAY Wrap Services Clinician
- Develop job description for 1.0 PTAY Support Clinician
- Develop job description for 1.0 FTE, PTAY resource/support counselor
- Begin discussion with community providers in order to contract for staff
- RFP as necessary to select providers
- Recruit public and private PTAY Wrap team members.

Phase 2: February 2006 – June 2006

- Continue community resources and program development
- Hire and train public and private PTAY Wrap team members
- Contract or MOU with community private provider(s)
- Develop and train on implementing customer satisfaction surveys for youth

Phase 3: July 2006 – September 2006

- Continue community resources and program development
- Evaluation of customer satisfaction surveys for youth
- Review and evaluation on program outcomes and services
- Continued training for PTAY Wrap team members, as well as other stakeholders, community, county staff, etc

Phase 4: October 2006 – December 2006

- Review and evaluation on program outcomes and services
- Review and evaluation of PTAY Wrap services (to include program objectives, Youth satisfaction surveys and individual youth USP objectives met)

Placer County Transitional Age Youth Budget Narrative

FY 05-06

Program: Placer Transitional Age Youth (PTAY)

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support PTAY Supervisor, Client Service Practitioner staff to begin implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted PTAY Resource/Support Counselor.

B. Revenues

1. Existing Revenues:
2. No existing revenues for this program
3. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	Placer	Fiscal Year:	2005-06
Program Workplan #	2	Date:	10/13/05
Program Workplan Name	Transitional Age Youth	Page:	1 of 2
Type of Funding	1. Full Service Partnership	Months of Operation	5
Proposed Total Client Capacity of Program/Service:	11	New Program or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	S Dashiell
Client Capacity of Program/Service Expanded through MHSA:	11	Telephone Number:	530.886.2836

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$3,056			\$3,056
b. Travel and Transportation	\$3,056			\$3,056
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$3,054			\$3,054
d. Employment and Education Supports	\$3,056			\$3,056
e. Other Support Expenditures	\$3,056			\$3,056
f. Total Support Expenditures	\$15,278	\$0	\$0	\$15,278
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$60,920			\$60,920
c. Employee Benefits	\$26,109			\$26,109
d. Total Personnel Expenditures	\$87,029	\$0	\$0	\$87,029
3. Operating Expenditures				
a. Professional Services	\$16,563			\$16,563
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,600			\$2,600
d. General Office Expenditures	\$5,043			\$5,043
e. Rent, Utilities and Equipment	\$4,074			\$4,074
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$28,280	\$0	\$0	\$28,280
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$54,000			\$54,000
6. Total Proposed Program Budget	\$184,587	\$0	\$0	\$184,587
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$22,502			\$22,502
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue		\$0		\$0
e. Total New Revenue	\$22,502	\$0	\$0	\$22,502
3. Total Revenues	\$22,502	\$0	\$0	\$22,502
C. One-Time CSS Funding Expenditures	\$143,131			\$143,131
D. Total Funding Requirements	\$305,216	\$0	\$0	\$305,216
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet						
County:		Placer		Fiscal Year:	2005-06	
Program Workplan #		2		Date:	10/13/05	
Program Workplan Name		Transitional Age Youth		Page:	2 of 2	
Type of Funding	Full Service Partnership		Months of Operation		5	
Proposed Total Client Capacity of Program/Service:			11	New Program or Expansion	New	
Existing Client Capacity of Program/Service:			0	Prepared by:	S Dashiell	
Client Capacity of Program/Service Expanded through MHSA:			11	Telephone Number:	530.886.2836	
Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime	
A. Current Existing Positions						
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	Total Current Existing	0.00	0.00		\$0	
B. New Additional Positions						
Client Services Supervisor (Wrap Supervisor)	Supervise and oversee services for clients; review cases and authorize services into Level 1 or 2 services		0.21	\$66,526	\$13,970	
Client Services Practitioner II (Wrap Personal Services Coordinator)	Manage cases; review cases and authorize services into Level 1 or 2 services		0.42	\$55,892	\$23,475	
Client Services Practitioner II (Support Clinician)	Manage cases; review cases and authorize services into Level 1 or 2 services		0.42	\$55,892	\$23,475	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	Total New Additional Positions	0.00	1.05		\$60,920	
C. Total Program Positions		0.00	1.05		\$60,920	

Placer County Transitional Age Youth Budget Narrative

FY 06-07

Program: Transitional Age Youth

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Other Support Expenditures: Flexible funds for wraparound services will be used to ensure youth's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines a-d funding necessary to PTAY staff to in the implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted PTAY Resource/Support Counselor.

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>2</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>Transitional Age Youth</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>22</u>	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>22</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$5,438			\$5,438
b. Travel and Transportation	\$5,438			\$5,438
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$5,438			\$5,438
d. Employment and Education Supports	\$5,438			\$5,438
e. Other Support Expenditures	\$5,439			\$5,439
f. Total Support Expenditures	\$27,191	\$0	\$0	\$27,191
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$151,197			\$151,197
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$64,800			\$64,800
d. Total Personnel Expenditures	\$215,997	\$0	\$0	\$215,997
3. Operating Expenditures				
a. Professional Services	\$10,512			\$10,512
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$6,476			\$6,476
d. General Office Expenditures	\$8,170			\$8,170
e. Rent, Utilities and Equipment	\$21,653			\$21,653
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$46,811	\$0	\$0	\$46,811
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$130,000			\$130,000
6. Total Proposed Program Budget	\$419,999	\$0	\$0	\$419,999
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$61,987			\$61,987
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$0		\$0
d. Other Revenue		\$0		\$0
e. Total New Revenue	\$61,987	\$0	\$0	\$61,987
3. Total Revenues	\$61,987	\$0	\$0	\$61,987
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$358,012	\$0	\$0	\$358,012
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet					
County:		Placer		Fiscal Year: 2006-07	
Program Workplan #		2		Date: 10/13/05	
Program Workplan Name		Transitional Age Youth		Page: 2 of 2	
Type of Funding		1. Full Service Partnership		Months of Operation: 12	
Proposed Total Client Capacity of Program/Service:		22		New Program or Expansion: New	
Existing Client Capacity of Program/Service:		0		Prepared by: S Dashiell	
Client Capacity of Program/Service Expanded through MHSA:		22		Telephone Number: 530.886.2836	
Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					
Client Services Supervisor (Wrap Supervisor)	Supervise and oversee services for clients; review cases and authorize services into Level 1 or 2 services		0.50	\$69,346	\$34,673
Client Services Practitioner II (Wrap Personal Services Coordinator & Support)	Manage cases; review cases and authorize services into Level 1 or 2 services		2.00	\$58,262	\$116,524
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	2.50		\$151,197
B. New Additional Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	2.50		\$151,197

Placer County Transitional Age Youth Budget Narrative

FY 07-08

Program: Transitional Age Youth

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: flexible funds that will insure that each child/family have funds to support specific strategies and their needs that would not be covered by other expenditures identified in this section.
2. Personnel Expenditures:
 - Budget lines a-d funding necessary to PTAY staff in the implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted PTAY Resource/Support Counselor.

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>
Program Workplan #: <u>2</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Transitional Age Youth</u>	Page: <u>1 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>22</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>22</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$7,416			\$7,416
b. Travel and Transportation	\$7,416			\$7,416
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$7,415			\$7,415
d. Employment and Education Supports	\$7,416			\$7,416
e. Other Support Expenditures	\$7,416			\$7,416
f. Total Support Expenditures	\$37,079	\$0	\$0	\$37,079
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$155,734			\$155,734
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$66,743			\$66,743
d. Total Personnel Expenditures	\$222,477	\$0	\$0	\$222,477
3. Operating Expenditures				
a. Professional Services	\$10,347			\$10,347
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$6,475			\$6,475
d. General Office Expenditures	\$7,878			\$7,878
e. Rent, Utilities and Equipment	\$21,474			\$21,474
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$46,174	\$0	\$0	\$46,174
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$130,000			\$130,000
6. Total Proposed Program Budget	\$435,730	\$0	\$0	\$435,730
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$65,288			\$65,288
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$0		\$0
d. Other Revenue		\$0		\$0
e. Total New Revenue	\$65,288		\$0	\$65,288
3. Total Revenues	\$65,288	\$0	\$0	\$65,288
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$370,442	\$0	\$0	\$370,442
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet					
County		Placer		Fiscal Year:	2007-08
Program Workplan #		2		Date:	10/13/05
Program Workplan Name		Transitional Age Youth		Page:	2 of 2
Type of Funding 1. Full Service Partnership				Months of Operation	12
Proposed Total Client Capacity of Program/Service:		22	New Program or Expansion	New	
Existing Client Capacity of Program/Service:		0	Prepared by:	S Dashiell	
Client Capacity of Program/Service Expanded through MHSA:		22	Telephone Number:	530.886.2836	
Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					
Client Services Supervisor (Wrap Supervisor)	Supervise and oversee services for clients; review cases and authorize services into Level 1 or 2 services		0.50	\$71,427	\$35,714
Client Services Practitioner II (Personal Services Coordinator and Support Clinician)	Manage cases; review cases and authorize services into Level 1 or 2 services		2.00	\$60,010	\$120,020
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	2.50		\$155,734
B. New Additional Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		0.00	0.00		\$0
C. Total Program Positions		0.00	2.50		\$155,734

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY										
County: Placer		Fiscal Year: 2005-06		Program Work Plan Name: Adult Full Service Partnership – Whatever It Takes (WIT) Team						
Program Work Plan #: 3				Estimated Start Date: October 2005						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		This plan provides a specialized Whatever It Takes (WIT) team to provide personalized discharge planning for adults leaving hospitals, IMDs, or jail to reduce hospitalization, re-incarceration and homelessness								
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Adults (18-65 years) with Seriously Mentally Ill (SMI) at risk of hospitalization. Adults (18-65 years) with SMI leaving jail, hospitals or IMDs. Priority will go to clients who are at greatest risk due to being un-served, or inappropriately served: in jail, or in an institutional setting where the client would be more appropriately served in a less restrictive setting								
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)				Fund Type			Age Group			
				FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and engagement WIT staff will go to the jail or hospital to make contact with and engage potential clients, including those in the jail who may be un-served SMI. They will also coordinate with staff in those facilities to assist with this process. Individualized plans. All clients will receive personalized discharge plans from a specialized team before they exit from the IMD, hospital or jail. Each client's needs will be assessed, and will participate, along with their family members or community supports, in developing a Life Plan and Individualized Service Plan (ISP). The client and family will be educated in the resources available to make wise choices about goals and services. Case management Case managers will coordinate the clinical elements of the client's Life Plan and work with team members on on-call to address issues 24/7. Community collaboration - Based on client needs, the team will work with community partners and specialized county teams to deliver service. Clients may access the Housing, Employment, , or On-Going Services. The WIT team will work with alcohol and drug treatment providers, housing specialists, employment organizations and experts, local Alliance for the Mentally Ill, and other collaborative partners. Housing – Flexible funds will be used to address housing needs Employment - Clients seeking employment will be referred to the ASOC Employment team. This team will assist with job opportunities, training, and meaningful us of leisure time. Flexible Funding - Flexible funds will be used to ensure clients' needs are met, including, but not limited to housing and clothing stipends, grocery stipends, transportation vouchers, etc.				X					X	

Full Service Partnership

Adult Work Plan

Program Summary

This plan provides a specialized Whatever It Takes (WIT) team to provide personalized discharge planning for adults leaving hospitals, IMDs, or jail. People at high risk of psychiatric hospitalization as well as those about to be discharged will be provided intensive case management by this team.

1. Population to be Served

Definition

Adults (18-65 years) with Seriously Mentally Ill (SMI) at risk of hospitalization

Adults (18-65 years) with SMI leaving jail, hospitals or IMDs

These priority populations of un-served or inappropriately served clients consist of the SMI who are at risk of psychiatric hospitalization, as well as, those ready to exit Psychiatric Health Facilities, psychiatric hospitals, IMDS, or jail. The county will prioritize clients based on:

- Number of hospitalizations in the last year
- Length of hospitalization
- Number of months/years in an IMD
- Number of arrests and/or length of incarceration
- Presence of co-occurring disorders
- Homelessness
- Unemployment
- Ethnic minority
- Physical disability
- Chronic illness
- Limited or no financial resources

Outreach to the un-served

County staff assigned to the Full Service Partnership will do outreach as part of their assignment. They will go to the jail or hospital to make contact with and engage potential clients, including those in the jail who may be un-served SMI. They will also coordinate with staff in those facilities to assist with this process, including a FTE counselor in the jail who works with persons with mental health issues, and a discharge planner in the Psychiatric Health Facility.

Numbers served:

- First year (2005 - 2006): 12 clients (first year based on six month implementation)
 - 18 total new clients
 - 6 graduate/leave
- Second year (2006 - 2007): 24 clients
 - 12 new clients
- Third year (2007 - 2008): 24 clients
 - 8 new clients
- Cumulative total for three years: 38 unduplicated clients

2. Program

Eligibility will be determined based on the above criteria and acuity. Clients who are at greatest risk due to being un-served, or inappropriately served (in jail, or in an institutional setting where the client would be more appropriately served in a less restrictive setting) will receive a full wraparound of services. These include case management from by a Personal Service Coordinator (PSC). A team representative will be available to provide support, intensive case management, and crisis intervention 24/7.

All clients will receive personalized discharge plans from a specialized team before they exit from the IMD, hospital or jail, and intensive case management. Case managers will coordinate the clinical elements of the client's Life Plan and work with team members to create a Full Service Partnership with the client and his/her support system. The three full service teams working with those over 17 will develop a rotational system to be responsive on a 24/7 basis to address any life issue. In addition, the Placer crisis service is available to provide 24/7 back-up. The team will be familiar with all clients and be able to respond to the client and/or community collaborators. Caseload sizes will be approximately 1 staff/client advocate to 8 clients.

To maintain each client's stability, his or her needs will be assessed. Each client will participate, along with their family members or community supports, in developing a Life Plan, as well as, an Individualized Service Plan (ISP). The client and family will be educated in the resources available to make wise choices about goals and services. The team will work with the client and family/supports in partnership to determine what services are needed to ensure long-term stability, the greatest level of independence, and the highest level of life satisfaction.

Whatever it Takes (WIT) Team members will include:

- 0.5 FTE Supervisor
- 1.0 FTE Client Services Counselor (Client "Navigator") who will convene family team meetings, provide encouragement, coaching, transportation to job interviews, advocacy, etc (private sector community partners/county)

- 2.0 FTE Client Services Practitioners who will do assessments and act as a Personal Services Coordinator
- 2.0 FTE Client Services Assistants who will act as a PSC. One may be a private sector community partner and/or client employee.
- 0.5 FTE County Staff - Support

Based on need, other services may include:

- Transportation- the team will ensure the clients arrive at needed designations, appointments, etc.
- Clothing- Clients who have old clothing, or inappropriate clothing will be taken to a local store to shop for their own clothes. This will enhance self-esteem, commitment, and motivation
- Housing or step-down residential treatment will be arranged.

The Adult WIT team will work with all other service delivery partners, including other existing specialized county clinical teams and community providers to ensure comprehensive services within an integrated model. The client/family will benefit from the seamless, integrated service. Flexible funds will be used to ensure clients' needs are met in a WIT modeled program including, but not limited to housing, clothing, and grocery stipends, transportation vouchers, etc.

3. Housing and Employment Services

Housing: The flexible funds utilized to ensure the youth (18 – 24 years)/adult clients needs are met in a “whatever it takes” model will include strategies to assist clients with housing and employment. Presently, the advocates for the Mentally Ill Housing Corporation partners with ASOC in a program to lease rental properties. The county provides staff services and supports at various levels of intensity. The corporation is self-sufficient, relying on SSI income, grant funding, or other client income for rent. Housing expenses such as food, electricity, phone, and TV are included in the monthly charge. Many clients need supported housing in order to be successful at independence and do not receive SSI. These clients can be helped with designated funds. Regular rental subsidies including first and last month rent assist clients to establish independent living. Full Service Partnership clients will now have these additional resources.

Employment: Clients seeking employment will be assisted by the ASOC Employment team. This team will assist with job opportunities, training, and meaningful use of leisure time. In addition, specific employment services can be purchased as necessary to assist persons to move towards more independence.

4. Cost/Funding Types

- Annualized cost per participant is: \$20,899.00
- Other sources of funding will be leveraged: Medi-Cal

5. Advancing Recovery and Resiliency

All Placer programs, Life Plans, and ISP's will be wellness/recovery/resiliency oriented. Staff will be appropriately trained, supervised, and evaluated on their ability to provide services following this model. Recovery will be advanced through client, family, and community supports participating in the development of a Life Plan and ISP. Through education in making choices about goals and services the greatest levels of stability, independence and of life satisfaction will be attained.

Outcomes:

- Appropriate stepped down placements and/or treatment, and/or
- Stable employment and housing
- Reduced need for crisis services and/or hospitalizations
- Sobriety
- Reduced recidivism
- Increased independence

6. Expansion of Existing Strategy

N/A

7. Client/Family Driven

The Personal Service Coordinator and client team member (Navigator) will respect that the client is a full partner with the team and will ensure that plans are developed with the client and supports/family. Along with appropriately trained staff, the client team member will ensure the greatest consideration is given for client culture, and that the client will have not only an advocate, but also a Navigator as part of the team. Families and community supports will be included as requested by the client, and as appropriate. Client "Navigators" may not carry caseloads, but will work with clients on specific issues related to housing, employment, services, navigation, etc.

8. Community Collaboration

Based on the clients needs, the team will work with community partners and specialized county teams to deliver service. Specific needs may vary according to client acuity and the services will change appropriately along the continuum of care. The Placer HEARTS (AB 2034) program has established an extensive collaborative network to assist clients with a variety of on-going services. This network along with other providers will be utilized for Full Service Partnership clients. Clients may access existing Housing, Employment, or On-Going Services teams. The team will be working with a host of community partners and may even contract with some for service delivery. The county will work with local and Tahoe providers to ensure clients have access to WIT. The Adult WIT team will also work with alcohol and drug treatment

providers, housing specialists, employment organizations and experts, local Alliance for the Mentally Ill, and other collaborative partners.

9. Cultural Competency

In a process explained above, FSP staff will identify clients at risk of hospitalization or leaving hospitals, IMDs and jail. As minority cultures have greater potential for poor outcomes, these clients (un-served and under-served) will be a priority for the team. In addition, the team will employ the principle of “Whatever It Takes” to serve these clients. The team will identify community resources and utilize the client’s own natural resources, work to ensure that every Life Plan/ISP is culturally competent and services that support and respond to the client’s culture are provided. Examples might include provision of a sweat lodge for Native Americans or services of a Catholic priest for Latino clients. Services, as much as possible, will be provided in the client’s natural setting.

10. Sexual Orientation/Gender Sensitivity

The discharge planning team will be trained in Gay, Lesbian, and Bisexual Transgender issues. When appropriate, clients will be referred to support groups. Staff will receive supervision and on-going education to be comfortable and confident in identifying and addressing these issues.

11. Out of County Clients

Clients placed out of county in IMDs, Board and Care homes, etc. will be followed by their case manager. Many IMDs and Board and Care homes already have assigned Facility Liaison staff. Clients who move to another county will be referred and followed-up to ensure the transfer. The same level of service described in this Full Service Partnership strategy will be available to Placer residents not residing in Placer County. In fact, persons living in IMDs and some in-patient hospitals (targeted with this strategy) do not live in Placer County.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: October 2005 - February 2006

- Convene team meetings with court, hospital, IMD personnel for orientation and program planning
- Develop team job descriptions
- Contract or MOU, as appropriate, with community based service organizations
- Identify first cohort of clients to be served

Phase 2: March 2006 - June 2008

- Continue to expand on team concept & develop expanded community resources
- Evaluate client satisfaction & measure outcomes
- Hire and train staff

Placer County Adult Budget Narrative

FY 05-06

Program: Placer Adult WIT (what ever it takes)

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for WIT services (wraparound) will be used to ensure adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support Supervisor, two Client Service Practitioner, Personal Service Coordinator (Client Service Assistant) and a clerical support staff to begin implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted Client Navigator (Client Services Counselor) and Personal Services Coordinator (Client Services Assistant).

B. Revenues

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>3</u>	Date: <u>10/13/05</u>
Program Workplan Name <u>Adult</u>	Page: <u>1 of 2</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>5</u>
Proposed Total Client Capacity of Program/Service: <u>12</u>	New Program or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>12</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$3,333			\$3,333
b. Travel and Transportation	\$3,333			\$3,333
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$3,335			\$3,335
d. Employment and Education Supports	\$3,333			\$3,333
e. Other Support Expenditures	\$3,333			\$3,333
f. Total Support Expenditures	\$16,667	\$0	\$0	\$16,667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$104,446			\$104,446
c. Employee Benefits	\$44,816			\$44,816
d. Total Personnel Expenditures	\$149,262	\$0	\$0	\$149,262
3. Operating Expenditures				
a. Professional Services	\$16,563			\$16,563
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,768			\$3,768
d. General Office Expenditures	\$5,514			\$5,514
e. Rent, Utilities and Equipment	\$4,931			\$4,931
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$30,776	\$0	\$0	\$30,776
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$25,000			\$25,000
6. Total Proposed Program Budget	\$221,705	\$0	\$0	\$221,705
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$24,548			\$24,548
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$24,548	\$0	\$0	\$24,548
3. Total Revenues	\$24,548	\$0	\$0	\$24,548
C. One-Time CSS Funding Expenditures	\$143,131			\$143,131
D. Total Funding Requirements	\$340,288	\$0	\$0	\$340,288

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>3</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Adult</u>	Page: <u>2 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>5</u>
Proposed Total Client Capacity of Program/Service: <u>12</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>12</u>	Telephone Number: <u>530.886.2836</u>

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Admin Clerk		0.21	\$33,397	\$7,013
	Client Services Supervisor		0.21	\$66,523	\$13,970
	Client Services Practitioner II		0.42	\$55,892	\$23,475
	Client Services Counselor II		0.42	\$46,123	\$19,372
	Client Services Assistant II		0.42	\$40,813	\$17,141
	Client Services Practitioner II		0.42	\$55,892	\$23,475
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	2.10		\$104,446
C. Total Program Positions		0.00	2.10		\$104,446

Placer County Adult Budget Narrative

FY 06-07

Program: Adult

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support Supervisor, two Client Service Practitioner, Personal Service Coordinator (Client Service Assistant) and a clerical support staff for continued implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are cost for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted Client Navigator (Client Services Counselor) and Personal Services Coordinator (client Services Assistant).

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet									
County:		Placer		Fiscal Year:		2006-07			
Program Workplan #		3		Date:		10/13/05			
Program Workplan Name		Adult		Page:		1 of 2			
Type of Funding		1. Full Service Partnership		Months of Operation		12			
Proposed Total Client Capacity of Program/Service:				24	New Program or Expansion		New		
Existing Client Capacity of Program/Service:				0	Prepared by:		S Dashiell		
Client Capacity of Program/Service Expanded through MHSA:				24	Telephone Number:		530.886.2836		
				County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract	Total		
A. Expenditures									
1. Client, Family Member and Caregiver Support Expenditures									
a. Clothing, Food and Hygiene				\$5,933					\$5,933
b. Travel and Transportation				\$5,931					\$5,931
c. Housing									
i. Master Leases									\$0
ii. Subsidies									\$0
iii. Vouchers						\$0	\$0		\$0
iv. Other Housing				\$5,933					\$5,933
d. Employment and Education Supports				\$5,933					\$5,933
e. Other Support Expenditures				\$5,933					\$5,933
f. Total Support Expenditures				\$29,663		\$0	\$0		\$29,663
2. Personnel Expenditures									
a. Current Existing Personnel Expenditures				\$266,531					\$266,531
b. New Additional Personnel Expenditures									\$0
c. Employee Benefits				\$114,229					\$114,229
d. Total Personnel Expenditures				\$380,760		\$0	\$0		\$380,760
3. Operating Expenditures									
a. Professional Services				\$12,885					\$12,885
b. Translation and Interpreter Services									\$0
c. Travel and Transportation				\$7,500					\$7,500
d. General Office Expenditures				\$10,457					\$10,457
e. Rent, Utilities and Equipment				\$23,691					\$23,691
f. Medication and Medical Supports									\$0
h. Total Operating Expenditures				\$54,533		\$0	\$0		\$54,533
4. Program Management									
a. Existing Program Management									\$0
b. New Program Management									\$0
c. Total Program Management						\$0	\$0		\$0
5. Estimated Total Expenditures when service provider is not known				\$50,000					\$50,000
6. Total Proposed Program Budget				\$514,956		\$0	\$0		\$514,956
B. Revenues									
1. Existing Revenues									
a. Medi-Cal (FFP only)									\$0
b. Medicare/Patient Fees/Patient Insurance									\$0
c. Realignment									\$0
d. State General Funds									\$0
e. County Funds									\$0
f. Grants									
g. Other Revenue									\$0
h. Total Existing Revenues				\$0		\$0	\$0		\$0
2. New Revenues									
a. Medi-Cal (FFP only)				\$67,622					\$67,622
b. Medicare/Patient Fees/Patient Insurance									\$0
c. State General Funds									\$0
d. Other Revenue									\$0
e. Total New Revenue				\$67,622		\$0	\$0		\$67,622
3. Total Revenues				\$67,622		\$0	\$0		\$67,622
C. One-Time CSS Funding Expenditures									
D. Total Funding Requirements									
				\$447,334		\$0	\$0		\$447,334
E. Percent of Total Funding Requirements for Full Service Partnerships									

[illegible]

Placer County Adult Budget Narrative

FY 07-08

Program: Adult

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support Supervisor, two Client Service Practitioner, Personal Service Coordinator (Client Service Assistant) and a clerical support staff for continued implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are costs for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted Resource/Support Counselor.

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County				Placer	Fiscal Year:		2007-08
Program Workplan #				3	Date:		10/13/05
Program Workplan Name				Adult	Page:		1 of 2
Type of Funding 1. Full Service Partnership				Months of Operation		12	
Proposed Total Client Capacity of Program/Service:				24	New Program or Expansion		New
Existing Client Capacity of Program/Service:				0	Prepared by:		S Dashiell
Client Capacity of Program/Service Expanded through MHSA:				24	Telephone Number:		530.886.2836

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$8,090			\$8,090
b. Travel and Transportation	\$8,089			\$8,089
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$8,090			\$8,090
d. Employment and Education Supports	\$8,090			\$8,090
e. Other Support Expenditures	\$8,090			\$8,090
f. Total Support Expenditures	\$40,449	\$0	\$0	\$40,449
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$277,003			\$277,003
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$118,715			\$118,715
d. Total Personnel Expenditures	\$395,718	\$0	\$0	\$395,718
3. Operating Expenditures				
a. Professional Services	\$12,828			\$12,828
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$9,388			\$9,388
d. General Office Expenditures	\$8,466			\$8,466
e. Rent, Utilities and Equipment	\$23,627			\$23,627
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$54,309	\$0	\$0	\$54,309
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$50,000			\$50,000
6. Total Proposed Program Budget	\$540,476	\$0	\$0	\$540,476
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$71,223			\$71,223
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$71,223	\$0	\$0	\$71,223
3. Total Revenues	\$71,223	\$0	\$0	\$71,223
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$469,253	\$0	\$0	\$469,253
E. Percent of Total Funding Requirements for Full Service Partnership				

County:	<u>Placer</u>	Fiscal Year:	<u>2007-08</u>
Program Workplan #	<u>3</u>	Date:	<u>10/13/05</u>
Program Workplan Name	<u>Adult</u>	Page:	<u>2 of 2</u>
Type of Funding	<u>1. Full Service Partnership</u>	Months of Operation	<u>12</u>
Proposed Total Client Capacity of Program/Service:	<u>24</u>	New Program or Expansion	<u>New</u>
Existing Client Capacity of Program/Service:	<u>0</u>	Prepared by:	<u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA:	<u>24</u>	Telephone Number:	<u>530.886.2836</u>

Placer County MHSA CSS Plan and Expenditures, October 2005

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY								
County: Placer	Fiscal Year: 2005-06	Program Work Plan Name Older Adult Full Service Partnership: comprehensive, mobile outreach, crisis intervention, and case management team						
Program Work Plan #: 4		Estimated Start Date: October 2005						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Placer County plans to create an Older ASOC starting with a comprehensive, mobile outreach, crisis intervention, and case management team, to provide an un-served population with services to recover and avoid institutionalization and homelessness.							
Priority Population: <i>Describe the situational characteristics</i>	Older Adults with Serious Mental Illness, aged 65-84 years, newly identified as needing services.							
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)		Fund Type			Age Group			
		FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach: Outreach in natural settings in collaboration with community agencies Comprehensive service team: Team includes a gerontologist, social worker, and nurse with experience/training in age specific issues, cultural competency, wellness/recovery/resiliency/habilitation. Assessment:: Immediate assessment will provide prompt intervention and referral; a second evaluation encompasses clinical and support needs(housing, occupation, recreation, , income, social supports, education, in home services) Case Management: A case manager will be available/on call 24-hours a day, 7-days a week. To provide services, support clients and families, and monitor the delivery of services. Individualized plan: The case manager will develop with the client and family and community support network an Individualized Service Plan Housing: Flexible funds will be used to address housing needs. Employment: Clients referrals to the ASOC employment team, who will investigate appropriate employment opportunities. Flexible Funding - Flexible funds will be used to ensure clients' needs are met, including, but not limited to housing and clothing stipends, grocery stipends, transportation vouchers, etc		X						X

Full Service Partnership

Older Adult Work Plan

Program Summary

Placer County plans to create an Older ASOC starting with a comprehensive, mobile outreach, crisis intervention, and case management team.

1. Population to be Served

Definition

Older Adults with Serious Mental Illness, aged 65-84 years, newly identified as needing services.

Number of older adults served

- First Year (2005 – 2006): 6 OA clients (first year based on six month implementation)
 - 12 total new OA clients
 - 6 graduate/leave OA clients
- Second Year (2006 – 2007): 25 OA clients
 - 19 new OA clients
- Third year (2007 - 2008): 25 OA clients
 - 6 OA clients
- Three year cumulative total: 37 unduplicated OA clients

Every effort will be made to serve the initial population of newly identified older adults. A majority of those served will be from the newly identified category.

Entrance Criteria for Older ASOC

- Risk of institutionalization
- Physical health and disability issues
- Co-occurring disorders
- Inability to manage the mental health system without significant assistance/intensive case management
- Social isolation/lack of a support system

Priority Criteria

Placer County does not currently have an Older ASOC (OASOC). The long-term goal for this full service partnership is to establish an OASOC beginning with older adults ages 65-84 that are at risk of inappropriate or premature out-of-home placement, in the following priority order:

- Older Adults with SMI aged 65-84 who are newly identified

- Older Adults with SMI aged 60-64 in transition from ASOC to OASOC
- Older Adults with SMI aged 65-84 who are in nursing homes or other restrictive settings

2. Strategies

Full Service Population Funds are requested for the following strategies, services, and supports:

A Comprehensive Mobile Outreach, Crisis Intervention, Assessment and Case Management Team will be established to provide the following:

- *Gerontological specialists:* The team will include a 1.0 FTE gerontologist at the master's level (private sector community partner), a social worker, and a nurse. One or more of these positions may be contracted out to an individual or a community-based organization
- *Personal Service Coordinator:* 1.0 FTE
- *Nurse:* 1.0 FTE
- *Expertise:* The team will be trained and/or experienced in age specific issues, cultural sensitivity and competency, respecting older adult values and beliefs, trained and/or experienced in wellness/recovery/resiliency, and habilitation models.
- *Outreach:* The team will outreach to identify target population including homeless seniors. Outreach will also occur in older adults' natural settings: senior centers, mobile home parks, senior education classes, recreation centers, community physicians, private practice therapists, and residential setting. Contact will be made in collaboration with community agencies and resources.
- *Assessment:* Assessment will be conducted in two phases. An immediate crisis assessment will take place on site (e.g., home, hospitals, and the community) and provide prompt intervention and referral, including preliminary identification of co-occurring disorders (substance abuse disorders, medical problems, developmental disorders). The second, more comprehensive evaluation will encompass a clinical assessment (health care, co-occurring disorder), an evaluation of non-clinical support needs (housing, occupation, recreation, volunteer involvement, income, social supports, education, in home supportive services), and any other needs. These assessments should take place in natural settings with the flexibility to respond to client needs (including the possibility of a longer time for engagement) and to involve other systems and services.
- *Case Management:* A Personal Service Coordinator (PSC) will be identified for each client usually from the Comprehensive Mobile Team. Each PSC will be assigned an appropriate caseload (8-9 per case manager). They will provide services, support clients and families, and monitor the delivery of services. PSCs will be available/on call 24-hours a day, 7-days a week for clients and their community collaborators. They will offer a range of culturally congruent interventions from which the client and family can choose the most suited to their needs. The PSC will provide care management and coordination that includes brokerage, advocacy, consultation, and referral services with the underlying goal

of an integrated service experience. They will also provide coordination, formal and informal linkages with agencies that provide housing, employment or meaningful community activities, peer supports, self-help groups, family and caregiver supports, nutrition, adult protective services, and other agencies or community-based services that support the needs and desires of enrolled older adults. Clients and families will benefit from this seamless, integrated service. Since the majority (if not all) of MHSA funding will be used for staff, PSCs will meet the needs of clients through use of government resources (e.g., IHSS, APS, Senior Peer Counseling) and through services provided by our community partners at no (or very low) cost to low-income individuals and families.

Case managers will use the assessment to develop with the client and his or her family and community support network (as requested by the client), an Individualized Service Plan with specific identified goals and targets. Individual Service Plans may include, but may not be necessarily limited to, the following elements:

- Stabilization services, including medication stabilization and maintenance
- Comprehensive services for recovery/habilitation of persons with co-occurring disorders
- Therapy and/or counseling
- Inpatient care and residential care
- Home care assistance
- Mental health education and skill building for relapse prevention
- Forensic mental health services
- Clinical management related to physical health care, including access to physical health care providers with geriatric specialties
- Assistance of a translator or bilingual, bicultural staff member or community agent in the formulation and execution of the plan

Outcomes: Outcomes for resiliency, improvement, and recovery will be measured for all clients.

Continuity of Care: The Team will provide continuity of care, including discharge planning from institutional levels of care, and transition services to different levels of care.

3. Housing or Employment

Housing: Flexible funds will be utilized to ensure the older adult needs are met in a “whatever it takes” model will include strategies to assist older adult with housing and employment. Presently, the Advocates for the Mentally Ill Housing Corporation partners with ASOC in a program that leases rental properties. The county provides staff services and supports at various levels of intensity. The corporation is self-sufficient, relying on SSI income, grant funding, or other client income for rent. Housing expenses such as food, electricity, phone, and TV are included in the monthly charge. Many clients need supported housing in order to be successful at independence. These clients can be helped with designated housing funds including first and last month rents

to aid clients moving toward independent living Full Service Partnership clients will now have these additional resources.

Employment: When a client expresses interest in working they will be referred to the ASOC employment team. This team will investigate appropriate employment opportunities. This team will also assist with finding meaningful use of leisure time. In addition, if specific needs are not available through collaboration, there can be a purchase of service with the flexible funds to assist a person achieves a goal related to employment or meaningful activities.

4. Cost/Funding Types

- Estimated cost per client = \$10,302.76
- Other sources of funding will be leveraged: MediCal

5. Advancing Recovery and Resiliency

The OASOC will be based on the principles of recovery, including choice and empowerment, partnership in the creation/implementation of Individual Service Plans, and plan components to ensure that clients are involved in meaningful activities of their choice.

6. Expansion of Existing Strategy

N/A

7. Client/Family Involvement

While clients and/or families will not actually run the service, the OASOC will:

- Be client and family driven, and will be wellness/recovery/resiliency/habilitation focused
- Encourage clients to decide whether to seek or receive services, to choose which services are appropriate, and to participate (and choose who else should participate) in the development of the Individualized Service Plan.
- Ensure that clients and families will receive information sufficient to allow informed consent regarding the client's Individual Service Plan.
- Develop an Individualized Service Plan with the client, family and community support network, as appropriate and requested by the client, aiming for specific identified goals and targets. Clients and family members (as requested and appropriate) will participate in the monitoring of progress toward plan completion.
- Clients and/or families will participate in outreach and education activities.

8. Community Collaboration

Collaboration is key to successfully providing mental health services to older adults and their families. OASOC enrollees will require a number of services in addition to mental

health service. To provide all necessary and desired appropriate services to achieve the client's identified goals, the OASOC will emphasize formal and informal collaboratives and will promote integration of service provision. The following is a list of programs, services, and stakeholders that will, through formal and informal collaboration, address the needs of OASOC enrollees. Strong collaborative relationships currently exist with the following county operated services:

- In Home Supportive Services
- Adult Protective Services
- Senior Peer Counseling
- Public Guardian: LPS and probate guardianships
- Placer County Cultural Competency Committee

In addition, the County's Commission on Aging, (Older Adult Advisory Commission) which is staffed by an ASOC Manager has membership representing: Older Adult Collaborative, Area 4 Agency on Aging, California Senior Legislature Member, a minority representative and 6 senior service organizations.

The Older Adult Collaborative (an organization of senior service providers) will link private and government agencies providing support and services to older adults and strengthen emerging formal and informal ties with community and faith-based organizations, community colleges, Regional Centers, CAMET (an organization of legal services, law enforcement, district attorneys and Adult Protective Services), and the Criminal Justice System. Bridges between mental health and a variety of local social service agencies, peer support, health care and substance abuse providers will ensure OASOC enrollees receive needed services and continuity of care and improve outcomes for older adults.

Through the relationships established with all these organizations and agencies, OASOC enrollees will have an array of services that may include, but not limited to:

- Supportive and independent housing
- Peer supports (peer recovery/habilitation network, drop-in centers, day centers, etc.)
- Family and caregiver support and consultation
- Discharge planning and successful linkage to other supports
- Cultural and ethnic services
- Chemical dependency treatment providers (residential and non-residential)
- Senior centers
- Freestanding wellness recovery/habilitation centers
- Adult day health care
- Transportation services
- Fitness centers
- Client support groups
- Self help groups
- Multigenerational family consultation

- A full array of outpatient services specializing in geriatric diagnosis and treatment

9. Cultural/Linguistic Competency

While there are disparities for Latinos (Placer's one threshold population) for mental health services in general, since this is a new service, disparities in access for ethnic populations (specifically for the OASOC) are unknown. However, the OASOC will outreach to Placer's Latino population in an attempt to reduce any future/possible disparities. The project will use our community partners/collaborations to determine how best to outreach to this population and where outreach will be most effective. Specific organizations that may be helpful in these outreach efforts include the Lincoln Lighthouse, Placer Independence Resource Services, and Sierra Family Services. The OASOC will utilize the Placer Cultural Competency Committee to assist with identifying and addressing any potential disparities and to train the team in cultural competence and in resources of clients' racial ethnic community. In addition, the OASOC will make every attempt to have at least one member of the team that is bilingual in Spanish and English.

10. Sexual Orientation/Gender Sensitivity

The Comprehensive Team will be trained in gender sensitivity and Gay Lesbian Bisexual Transgender Issues. For example, an aging body may be a stressor for gay men who worry about being able to attract relationships. Another specific gender issue is the number of widows for whom loneliness and safety are a concern. Conversely, widowers may also be socially isolated. The team will be able to identify and address these stressors.

11. Out of County Clients

Clients placed out of county in IMDs, Board and Cares, etc. will be followed by their PSC. Many IMDs and Board and Cares have already assigned Facility Liaison staff. Clients who move to another county will be referred and followed-up to ensure the transfer. The same level of service described in this Full Service Partnership strategy will be available to Placer residents not residing in Placer County. In fact, persons living in IMDs and some in-patient hospitals (targeted with this strategy) do not live in Placer County.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: October 2005 – February 2006

- Recruit staff
- Develop printed materials
- Develop assessment addendum
- Finalize assessment
- Begin developing program protocols, including for transition from ASOC to OASOC
- Outreach/education of organizations serving older adults
- Begin developing formal and informal relationships with key organizations

Phase II: March 2006 – June 2006

- Hire and train staff
- Begin outreach to target population
- Continue to develop program protocols
- Continue outreach to/education of organizations serving older adults
- Finalize formal and informal relationships with key organizations

Phase III: July 2006 – June 2007

- Evaluate effectiveness of all aspects of the program and make needed changes
- Continue involvement with community partners
- Continue outreach to target population

Phase IV: July 2007 – June 2008

- Continue involvement with community partners
- Look at feasibility of expanding services to older adults 60 - 64 ("Young Old") and older adults 85+ ("Oldest Old")
- Evaluate effectiveness of all aspects of the program and make needed changes
- Develop delivery model for services to older adults 60 - 64 and 85+

Placer County Older Adult Budget Narrative

FY 05-06

Program: Placer Older Adult ASOC

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for WIT services (wraparound) will be used to ensure older adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support Registered Nurse and Client Service Counselor (Personal Service Coordinator to begin implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are costs for staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for contracted Gerontological Specialist.

B. Revenues

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>4</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Older Adult</u>	Page: <u>1</u> of <u>2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>5</u>
Proposed Total Client Capacity of Program/Service: <u>6</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>6</u>	Telephone Number: <u>886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$1,667			\$1,667
b. Travel and Transportation	\$1,667			\$1,667
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$1,665			\$1,665
d. Employment and Education Supports	\$1,667			\$1,667
e. Other Support Expenditures	\$1,667			\$1,667
f. Total Support Expenditures	\$8,333	\$0	\$0	\$8,333
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$42,410			\$42,410
c. Employee Benefits	\$18,176			\$18,176
d. Total Personnel Expenditures	\$60,586	\$0	\$0	\$60,586
3. Operating Expenditures				
a. Professional Services	\$8,710			\$8,710
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,257			\$2,257
d. General Office Expenditures	\$2,874			\$2,874
e. Rent, Utilities and Equipment	\$2,422			\$2,422
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$16,263	\$0	\$0	\$16,263
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$25,000			\$25,000
6. Total Proposed Program Budget	\$110,182	\$0	\$0	\$110,182
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$12,274			\$12,274
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$12,274	\$0	\$0	\$12,274
3. Total Revenues	\$12,274	\$0	\$0	\$12,274
C. One-Time CSS Funding Expenditures	\$84,755			\$84,755
D. Total Funding Requirements	\$182,663	\$0	\$0	\$182,663

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Placer Fiscal Year: 2005-06
 Program Workplan # 4 Date: 10/13/05
 Program Workplan Name Older Adult Page: 2 of 2
 Type of Funding 1. Full Service Partnership Months of Operation 5
 Proposed Total Client Capacity of Program/Service: 6 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: S Dashiell
 Client Capacity of Program/Service Expanded through MHSA: 6 Telephone Number: 886.2836

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Registered Nurse	Provide skilled nursing care		0.42	\$54,762	\$23,000
Client Services Counselor II	Provide counseling services to clients		0.42	\$46,215	\$19,410
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.84		\$42,410
C. Total Program Positions		0.00	0.84		\$42,410

Placer County Older Adult Budget Narrative

FY 06-07

Program: Older Adult ASOC

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure older adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support a Registered Nurse and a Client Service Counselor (Personal Service Coordinator) for continued implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are costs for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for a contracted Gerontological Specialist.

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>4</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Older Adult</u>	Page: <u>1 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>25</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>25</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$6,180			\$6,180
b. Travel and Transportation	\$6,180			\$6,180
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$6,179			\$6,179
d. Employment and Education Supports	\$6,180			\$6,180
e. Other Support Expenditures	\$6,180			\$6,180
f. Total Support Expenditures	\$30,899	\$0	\$0	\$30,899
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$105,257			\$105,257
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$45,110			\$45,110
d. Total Personnel Expenditures	\$150,367	\$0	\$0	\$150,367
3. Operating Expenditures				
a. Professional Services	\$6,652			\$6,652
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,471			\$3,471
d. General Office Expenditures	\$5,484			\$5,484
e. Rent, Utilities and Equipment	\$18,151			\$18,151
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$33,758	\$0	\$0	\$33,758
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$50,000			\$50,000
6. Total Proposed Program Budget	\$265,024	\$0	\$0	\$265,024
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$70,437			\$70,437
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$70,437	\$0	\$0	\$70,437
3. Total Revenues	\$70,437	\$0	\$0	\$70,437
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$194,587	\$0	\$0	\$194,587

County: _____	Placer _____	Fiscal Year: _____	2006-07 _____
Program Workplan # _____	4 _____	Date: _____	10/13/05 _____
Program Workplan Name _____	Older Adult _____	Page: _____	2 of 2 _____
Type of Funding _____	1. Full Service Partnership _____	Months of Operation _____	12 _____
Proposed Total Client Capacity of Program/Service: _____	25 _____	Program/Service or Expansion _____	New _____
Existing Client Capacity of Program/Service: _____	0 _____	Prepared by: _____	S Dashiell _____
Client Capacity of Program/Service Expanded through MHSA: _____	25 _____	Telephone Number: _____	530.886.2836 _____

Placer County MHSA CSS Plan and Expenditures, October 2005

Placer County Older Adult Budget Narrative

FY 07-08

Program: Older Adult ASOC

Type of Funding: Full Service Partnership

A. Expenditures

1. Client, Family Members and Caregiver Support Expenditures;
 - Other Support Expenditures: Flexible funds for wraparound services will be used to ensure older adult's needs are met in a "whatever it takes" model including but not limited to mental health treatment, housing stipends, and other services.
2. Personnel Expenditures:
 - Budget lines b-d funding necessary to support Registered Nurse and Client Service Counselor (Personal Service Coordinator) to continue implementation of services.
3. Operating Expenditures: budget line items associated with funding that supports operations summarized below:
 - Budget line items with funding identified are costs for contracting data analyst, staff mileage (field operations, trainings etc.), office supplies, rent & facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider not known:
 - Budget line item funding identified are costs for a contracted Gerontological Specialist.

B. Revenues:

1. Existing Revenues:
 - No existing revenues for this program
2. New Revenues:
 - Medi-Cal FFP

C. One-Time CSS Funding Expenditures:

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): <u>Placer</u>	Fiscal Year: <u>2007-08</u>
Program Workplan #: <u>4</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Older Adult</u>	Page: <u>1 of 2</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>25</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>25</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$8,427			\$8,427
b. Travel and Transportation	\$8,427			\$8,427
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$8,427			\$8,427
d. Employment and Education Supports	\$8,427			\$8,427
e. Other Support Expenditures	\$8,427			\$8,427
f. Total Support Expenditures	\$42,135	\$0	\$0	\$42,135
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$108,415			\$108,415
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$46,464			\$46,464
d. Total Personnel Expenditures	\$154,879	\$0	\$0	\$154,879
3. Operating Expenditures				
a. Professional Services	\$6,686			\$6,686
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,450			\$4,450
d. General Office Expenditures	\$4,364			\$4,364
e. Rent, Utilities and Equipment	\$18,065			\$18,065
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$33,565	\$0	\$0	\$33,565
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$50,000			\$50,000
6. Total Proposed Program Budget	\$280,579	\$0	\$0	\$280,579
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$74,191			\$74,191
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$74,191	\$0	\$0	\$74,191
3. Total Revenues	\$74,191	\$0	\$0	\$74,191
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$206,388	\$0	\$0	\$206,388

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Placer Fiscal Year: 2007-08
 Program Workplan #: 4 Date: 10/13/05
 Program Workplan Name: Older Adult Page: 2 of 2
 Type of Funding: 1. Full Service Partnership Months of Operation: 12
 Proposed Total Client Capacity of Program/Service: 25 New Program or Expansion: New
 Existing Client Capacity of Program/Service: 0 Prepared by: S Dashiell
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: 530.886.2836

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions	Registered Nurse		1.00	\$58,796	\$58,796
	Client Services Counselor II		1.00	\$49,619	\$49,619
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	2.00		\$108,415
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	2.00		\$108,415

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY										
County: Placer		Fiscal Year: 2005-06		Program Work Plan Name: Lake Tahoe System Development						
Program Work Plan #5		Estimated Start Date: October 2005								
Description of Program: <i>Describe how this program will help advance the goals of the MHSA</i>		The Lake Tahoe System Development Plan will provide services that are culturally competent and develop a welcoming system to increase access to mental health services for Latinos in Tahoe. It will directly address the disparity of mental health services provided to Latinos in Placer County								
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Spanish-speaking Severely Mentally Ill Latino adults, older adults and Severely Emotionally Disturbed Latino children and youth living in Eastern Placer County, North Lake Tahoe.								
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)				Fund Type			Age Group			
				FSP	Sys Dev	OE	CY	TAY	A	OA
Community based collaboration: Provide assistance to the community group addressing recommendations from the Latino Access Study. Outreach: Community outreach and engagement to reduce stigma and fear of mental health services through partnerships with Latino leadership. Engage the Latino community through classes based on the El Mundo Diferente and other models. Develop training and support for identification of mental illness issues in families and appropriate referrals Culturally competent treatment: Adopt culturally competent therapy modalities that can provide family support for mentally ill Latino population Community-based Promotora(s): trained to provide education to the local Latino community on mental illness and culturally appropriate treatment options Bilingual/bicultural therapist: Fund therapist provided by community partner in order to establish culturally competent services for all ages targeting the Latino Community. Coordinator. Fund systems enhancement coordinator from community partner to develop strategies, services, supports, and outreach in Kings Beach.					X		X	X	X	X

System Development Strategies

Lake Tahoe Work Plan

Program Summary

A community based collaborative group will address the recommendations made in the Latino Access Study, including: leadership from the Latino community, strategies to reduce stigma and fear, continued development of family centered, family focused holistic care, development of a continuum of care, culturally competent outreach, collaboration with clients/families, and community.

1. Population to be Served

Definition

SMI Latino adults and SED Latino children and youth living in Eastern Placer County, North Lake Tahoe, the geographically isolated portion of Placer County from the Nevada State Line west to El Dorado County, and north to Nevada County (includes portions of Truckee and Donner Summit). The 2000 census population in Eastern Placer County is 14,880. The Latino population in Kings Beach in 2000 was 4,802. 70% of Kings Beach elementary school is currently Latino.

Reducing ethnic disparities

The Kings Beach Latino Access Improvement Study of 2004 demonstrated that Latino residents in Kings Beach are an un-served, under-served and/or inappropriately served group within Placer County. The study identified system capacity issues that would assist in the development of a transformed system. It also identified the culturally competent strategies that should govern the development of every program, enrollment strategy, or system capacity improvement using MHSA funds.

MHSA funding will target the Latino population of all ages living in North Lake Tahoe, specifically targeting the communities of Kings Beach and Tahoe Vista, who are not currently receiving mental health services.

This population includes:

1. Latino residents living in the Tahoe area who have not sought mental health services due to:
 - Fear and stigma within the culture regarding mental illness;
 - Lack of culturally appropriate services;
 - Lack of easily accessible community based services located in Kings Beach, including sufficient bilingual/bicultural therapist services;
 - Inadequate translation services supporting county psychiatrist

2. Latino clients in Tahoe who have obtained local mental health services through the county's contract provider, Sierra Family Services, but need increased services and supports.

Entrance criteria for Tahoe services

- Spanish speaking Latinos living in North Lake Tahoe, particularly in Kings Beach and Tahoe Vista.
- Latino youth at risk of deep end services who have been identified by multiple systems (i.e. Probation/CSOC)
- Latino young children (0-5) identified by child care/preschool or health providers for behavioral health concerns.

2. Strategies

Placer County will establish a collaborative team including private, public, and community partners to target all age groups in the Latino Community.

Latino Access Study Implementation Team (LASIT):

The Latino Access Study recommendations outlined strategies for developing a culturally competent, welcoming system to increase access to mental health services for Latinos in Tahoe. One strategy called for the formation of a community based collaborative group to address the recommendations made in the Latino Access Study.

LASIT was formed in February of 2005 and is striving to include leadership from the Latino community. This group has prioritized strategies for reducing stigma and fear of accessing mental health services and developing a continuum of care to ultimately increase the numbers of Latinos who access services.

The LASIT is working with the following principles:

- All mental health services—from initial assessment to on-going therapy must be provided in the clients preferred language and as last resort through trained and supported interpreters
- Policy and practice shall enhance the delivery of a culturally competent, linguistically appropriate service delivery system
- Access to culturally sensitive mental health services through outreach and collaboration with clients and community groups is promoted and expected
- Family centered, family focused holistic care philosophy is central to all programs and services
- Policies and practices to facilitate communication, both oral and written (including forms) are in the clients preferred language
- Community agency partnerships promote and facilitate culturally competent mental health care.

The team has recommended the following implementation strategies:

- Community outreach and participation in reducing stigma and fear of mental health services through strategies to provide community-based partnerships with Latino leadership. This includes advocacy for a full time Padre (Priest) for the Kings Beach Catholic Church.

(Note: The Latino community in Kings Beach has identified the Padre as a critical link for the Latino population in recognizing and seeking treatment help. Currently there is no full time Spanish speaking Priest for the KB Catholic Church)

- Transformation from traditional medical model of assessment and treatment to culturally competent therapy modalities that can provide family support for mentally ill Latino population.
- Providing on-going outreach programs to engage the Latino community, this includes classes based on the El Mundo Diferente (“A Different World”) model and other strategies such as class presented by a Spanish-speaking doctor on signs and symptoms of mental illness and treatment options.
- Community-based Promotora(s) (funded by CWS redesign) trained to provide education to the local Latino community on mental illness and culturally appropriate treatment options.
- Linkages to current CWS redesign efforts through “Path 1” referrals. Development of training and support for identification of mental illness issues in families and appropriate referrals to Sierra Family Services.

MHSA will provide funding to implement some of the recommendations outlined above, including:

- Bilingual/bicultural therapist (.75 FTE). Private sector community partners will provide position.
- Fund systems enhancement coordinator (0.5 FTE). Position provided by private sector community partner. The system enhancement coordinator will:
 - Assist the LASIT team in on-going strategies for systems change
 - Work to increase access for all Latinos to mental health services by outreach, education and reduction of stigma
 - Develop community based Kings Beach services and supports. Responsible for culturally competent mental health outreach and education strategies with CWS redesign in Tahoe
 - Provide outreach to Kings Beach.

3. Housing/Employment

Although not funded through MHSA, housing and employment are addressed in a comprehensive fashion by referral to the Kings Beach Family Resource Center and other resources.

4. Average Cost for Participants/Funding Types

- Other sources of funding will be leveraged:
- Foundation funding (Cowell foundation)
- First Five

- State and Federal Child-welfare funding
- Medi-Cal dollars

5. Advancing Recovery/Resiliency

Recovery will be advanced through client, family, and community supports participation in developing an ISP, and through education about making choices in goals and services. Individuals who provide services will be trained in the application of recovery principles and will work with the client and family/supports to determine what services are needed to ensure long term stability, the greatest level of independence, and the highest level of life satisfaction. Incorporation of culturally competent treatment modalities and attention to cultural supports will increase the likelihood of positive outcomes.

6. Existing Program

N/A

7. Client/Family Involvement

A family-centered, strength based, integrated system of supports has been developed over the past three years and is being utilized by the Kings Beach Family Resource Center in collaboration with Placer County HHS and other community agencies. This approach includes on-going Family Team Meetings where the family and service providers together create the plan that best meets the client's needs. Culturally and linguistically competent approaches supporting both the client and their family will expand on this family-driven integrated service delivery model for clients and families who are enrolled in MHSA services.

8. Community Collaboration

See number 2, Strategy

9. Cultural/Linguistic Competency

See number 2, Strategy

10. Sexual Identity/Gender Sensitivity

Consistent with the ideals of cultural competence, staff will be trained in standards of practices and trained to work with clients.

11. Out-of-County

The strategy addresses the needs of the under-served Latino population in North Lake Tahoe (Kings Beach and Tahoe Vista). Due to the geographic location of the

community in close proximity to the State of Nevada and Nevada County, California, we expect that there will be clients relocating to Truckee (Nevada County), Reno, and Carson City (State of Nevada). Clients who relocate to these (or other areas) will be referred to appropriate resources and follow-up will be provided to ensure that there has been a successful transfer to new services.

12. Unlisted Strategies

N/A

13. Timeline

Pre-implementation: October 2005-March 2006

- Placer County Tahoe Program Manager to convene LASIT for orientation and planning for funded activities
- Placer County to develop contract with local provider for MHSA funding to provide increased hours for direct service bilingual/bicultural therapist for Latino clients
- LASIT to develop job description for coordinator and outline activities for first 6 months. LASIT develops hiring criteria. Community based organization (CBO) to recruit and hire for position with input from LASIT workgroup. CBO to develop orientation plan for coordinator.

Phase 2: April 2006-June 2006

- Development of plans for case management for families and utilization of family team meetings when needed
- Coordination with CWS redesign efforts for “Path 1” families with mental health needs
- CBO to develop work plan and timeline for priorities of the implementation for activities for the Mental Health Services Coordinator, based on existing strategies and future input from community stakeholders
- CBO report to LASIT team on implementation strategy benchmarks and meeting system change outcomes.

Phase 3: July 2006-June 2008

- Review and evaluation on program outcomes and services
- Evaluate capacity to implement FSP strategy.

Placer County Lake Tahoe Budget Narrative

FY 05-06

Program: Lake Tahoe System Development

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted
2. Personnel Expenditures
 - None budgeted
3. Operating Expenditures
 - Budget line a, c-e: funding identified are costs for .5 FTE Administrative Clerk, staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Funds necessary for contract positions created for a Bilingual/bicultural therapist and a systems enhancement coordinator
6. Total Proposed Program Budget
 - Operating expenditures and creation of two contract positions

B. Revenues

- None budgeted

C. One-Time CSS Funding Expenditures

- Outreach to Spanish speaking families

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>5</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Tahoe</u>	Page: <u>1 of 2</u>
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>5</u>
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: _____	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services	\$10,000			\$10,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,100			\$1,100
d. General Office Expenditures	\$633			\$633
e. Rent, Utilities and Equipment	\$1,083			\$1,083
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$12,816	\$0	\$0	\$12,816
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$37,500			\$37,500
6. Total Proposed Program Budget	\$50,316	\$0	\$0	\$50,316
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$0		\$0
d. Other Revenue		\$0		\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$25,000			\$25,000
D. Total Funding Requirements	\$75,316	\$0	\$0	\$75,316

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Placer Fiscal Year: 2005-06
 Program Workplan # 5 Date: 10/13/05
 Program Workplan Name Tahoe Page: 2 of 2
 Type of Funding 2. System Development Months of Operation 5
 Proposed Total Client Capacity of Program/Service: 0 New Program or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: _____

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	0.00		\$0

Placer County Lake Tahoe Budget Narrative

FY 06-07

Program: Lake Tahoe System Development

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted
2. Personnel Expenditures
 - None budgeted
3. Operating Expenditures
 - Budget line a, c-e: funding identified are costs for Data Analyst and professional services, also, staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions created for a Bilingual/bicultural therapist and a systems enhancement coordinator
6. Total Proposed Program Budget
 - Operating expenditures and two contract positions, services of a Data Analyst

B. Revenues

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>5</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Tahoe</u>	Page: <u>1 of 2</u>
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: _____	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services	\$60,126			\$60,126
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$983			\$983
d. General Office Expenditures	\$1,941			\$1,941
e. Rent, Utilities and Equipment	\$1,810			\$1,810
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$64,860	\$0	\$0	\$64,860
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$75,000			\$75,000
6. Total Proposed Program Budget	\$139,860	\$0	\$0	\$139,860
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$139,860	\$0	\$0	\$139,860

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Placer Fiscal Year: 2006-07
 Program Workplan # 5 Date: 10/13/05
 Program Workplan Name Tahoe Page: 2 of 2
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: S Dashiell
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 530.886.2836

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	0.00		\$0

Placer County Lake Tahoe Budget Narrative

FY 07-08

Program: Lake Tahoe System Development

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted
2. Personnel Expenditures
 - None budgeted
3. Operating Expenditures
 - Budget line a, c-e: funding identified are costs for Data Analyst and professional services, also, staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions created for a Bilingual/bicultural therapist and a systems enhancement coordinator
6. Total Proposed Program Budget
 - Operating expenditures and two contract positions, services of a Data Analyst

B. Revenues

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>5</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>Tahoe</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: _____	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services	\$57,926			\$57,926
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$990			\$990
d. General Office Expenditures	\$1,825			\$1,825
e. Rent, Utilities and Equipment	\$1,732			\$1,732
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$62,473	\$0	\$0	\$62,473
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$75,000			\$75,000
6. Total Proposed Program Budget	\$137,473	\$0	\$0	\$137,473
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$137,473	\$0	\$0	\$137,473

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>
Program Workplan #: <u>5</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Tahoe</u>	Page: <u>2 of 2</u>
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	0.00		\$0

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY										
County: Placer		Fiscal Year:2005-06		Program Work Plan Name: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system(Systems Development Strategy)						
Program Work Plan #6				Estimated Start Date: October 2005						
Description of Program: <i>Describe how this program will help advance the goals of the MHSA</i>		Placer SOC will adopt a two-part system strategy to improve the system capacity for co-occurring competent, culturally competent, recovery/resiliency oriented and client/family driven services. These evidence-based models promote recovery, and increase the level of participation of clients and families.								
Priority Population: <i>Describe the situational characteristics of the priority population</i>		All age groups are the targets of the system wide transformation. The scope of this project will affect the service of all clients and families being served by the SOC.								
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)				Fund Type			Age Group			
				FSP	Sys Dev	OE	CY	TAY	A	OA
Community education: prepare the mental health community, county staff, network providers, families and clients for the employment of clients in the mental health field. Employment (Paid and unpaid): Identify and create a range of employment opportunities, including parent advocates, public relations, direct services to families, program develop/review, advisory boards, SMART Policy Board, cultural competency committee, outreach, support group facilitators, etc. Training: Train clients and family members to work in the mental health field Support Systems: Develop support systems for the client/family member workers once they are employed Employment and Housing: This strategy creates jobs for clients and family members. Furthermore, client employees and volunteers assist others to find housing and employment Increase service capacity: Placer will convene a stakeholder group of collaborative partners, client/youth/family members, Cultural Competency Committee liaison to help launch a system-wide integrated strategic planning process that will facilitate change ranging from system philosophy, infrastructure, regulations and funding to program standards and design, clinical practice and treatment intervention, to staff competencies and training.				x	x	x	x	x	x	x

System Development Strategies

Transforming Services Through Co-Occurring, Resiliency/Recovery, and Cultural Competency and Client and Family Driven System

Strategy Summaries

1. Transform Placer County's mental health system delivery through expert consultation and coordination with the System of Care Cultural Competency Committee. This strategy will include a series of trainings to ensure that all programs and services are competent with regard to co-occurring disorders, the resiliency/recovery model, and cultural competence.
2. Clients, youth, and families will be involved/integrated in all aspects of Mental Health Services including, mentoring, coaching, advocacy, support, advisory functions, employment opportunities program development, quality assurance/program review, outreach, and public relations.

1. Population to be Served

All age groups are the targets of the system wide transformation.

Number to be served

The scope of this transformation will affect the service of all clients and families being served by the SOC. Clients alone will number approximately 4,100.

In addition, it is expected that clients and family members will gain meaningful employment. This strategies goal is also to encourage un-served individuals to seek welcoming client-friendly services. It is expected that the expansion of client volunteers and paid employees will directly serve/benefit 120–170 clients in addition to the impact on the entire system.

2. Strategy I

We will use the Comprehensive, Continuous, Integrated SOC (CCISC) model, and it's associated Twelve Step Program of Implementation (Minkoff/Cline) to develop a system, for new and existing programs and services, that will be co-occurring competent based on recovery model principles. Dr's. Minkoff and Cline will undertake an assessment of current delivery competencies. From this information the county will create a series of trainings to improve co-occurring disorder, cultural (including gender identification issues), and recovery model service delivery.

This process will involve a combination of on-site and off-site activities. On-site activities will include periodic meetings with system leadership at all levels, direct

technical assistance to subsystems and programs, large-scale training events, and provision of training and clinical support to trainers and front line staff at various levels of the system. Off site activities will include teleconferences, ongoing email contact, review and revision of system materials (e.g., policy statements, contract language, regulations, reimbursement criteria, scopes of practice), and customization of system specific materials, such as training curricula. Some of these activities will be provided by Dr.'s Cline and Minkoff, along with other consultants/trainers as contracted by Placer County.

Placer will convene a broadly based stakeholder group (which will include clients, county and community) to include private and public collaborative partners, client/family members, Cultural Competency Committee liaison to help launch a system-wide integrated strategic planning process that will facilitate change ranging from system philosophy, infrastructure development, regulations and funding to program standards and design, clinical practice and treatment intervention, to staff competencies and training. Each level of the system will be engaged in a way that is appropriate to its functional ability, using a system-specific balance of positive incentives and expectations.

Strategy II

Meaningful involvement of clients and families at multiple levels is a core element of recovery principles, which have transformed Placer County's mental health system over the last few years. This involvement cultivates hope, respect, integrity, self-determination, and empowerment for all clients and families. It also furthers efforts to reduce stigma and increase community awareness.

To integrate these principles for adult clients, ASOC provides comprehensive training for ASOC personnel, private providers, and community partners on topics including "housing first", "harm reduction", "strength based", "client employees" and "client driven". Applications of these principles are clearly demonstrated in our Placer HEARTS AB 2034 Program.

Despite significant initial resistance, in recent years, client employees and parent advocates have become a familiar aspect of our SOC team and provide valuable services to our community. Placer County ASOC actively supports efforts to promote the independence and self-sufficiency of clients through the AB 2034 Program and approved an expanded definition of the county's "Vocational Trainee" employee classification, allowing the hiring of clients as trainees for human services. ASOC has hired clients to

- Work in the ASOC's vocational training program at the Welcome Center
- Assist the AB 2034 Supervisor (1/2 time position)
- Assist with the implementation of the Mental Health Services Act (part-time position)

In addition, clients and families will:

- Operate the Mentors Assisting Peers (MAP) program a new and growing organization that is designing an array of client-provided services, including a

new Welcome (drop-in center) for clients. MAP also played a lead role in organizing the outreach process and gathering client input for the MHSA

- Serve on the Placer County Mental Health and Alcohol and Drug Boards
- Participate as co-instructors in our Day Rehabilitation program
- Contribute to the development and delivery of classroom activities
- Work in a client support position for a local partner agency AMIH (Advocates for the Mentally Ill, Housing)
- Outreach support
- Housing coordination and support
- Transportation
- Moving support and services
- Storage availability

In CSOC the Parent Advocate Coordinator has, for the past six years, provided direct services to support numerous families and served as a member of several on-going committees crucial to furthering the vision of CSOC. These committees include the Quality Improvement Committee, Client/Family Relations Committee, SMART Management Team, Placement Review Team, RAFT Steering Committee, Family Centered Approach Steering Committee, and several other ad-hoc committees. The current position is funded through a contract with United Advocates of Children in California (UACC), a non-profit organization that works nationally to empower families and to teach families and professionals how to establish and maintain an equal partnership. Through the work of our Parent Advocate, we have witnessed the power of this relationship to help families and to change the attitudes of professionals when working with families. We are ready to expand this program to scale for all families.

3. Housing and Employment

The system wide enhancement of services for all clients will improve housing and employment outcomes, as clients will be more ready to achieve these goals as a result of improved services. This involvement of clients and family members not only creates jobs for clients and family members it impacts the entire system. These employees and volunteers will assist other clients to find housing and employment through programs described above

4. Cost/Funding

N/A

5. Advancing Recovery and Resiliency

An essential component of this strategy is to embed the principles of recovery and resiliency through the system, with analysis of current practices, introduction of new practices, and extensive staff training. In addition the increased participation of family and clients at all levels of decision making is critical to sustain the principles of recovery and resiliency.

6. Expansion of Existing Strategy

Existing programs above have begun to move the system to a transformed way of doing business and will not change. The existing models will expand and enhance new resources to build on the existing models and to expand concepts as appropriate. The Transformation of the System (aided by the employment of clients/youth/parent advocates) will build upon existing work in co-occurring capabilities, cultural competence, recovery, and resiliency.

7. Client/Family Involvement

These strategies focus on the involvement of client and family members at every level of the organizations. They will be critical in the transformational activities.

Clients/youth/families will be involved at every level of the transformational process from planning, to implementation, and evaluation. They will serve on committees and not only act in an advisory capacity, but as participants and partners. In addition, clients/families will participate in receiving and providing training.

8. Community Collaboration

The transformational process utilizes a broadly based stakeholder group of private and public collaborative partners to assist in the strategic planning process. The trainings and subsequent system transformation will improve services and positively impact individual outcomes.

Community collaboration is key to the success of the transformation. For the past ten years, Placer County has had an established collaborative provider network, called The Placer Collaborative Network, that meets monthly to share information, resources, training, finances, and planning strategies. The purpose of the network is to fill service gaps, apply for grants, support independent efforts to meet unmet needs, and communicate service gaps and successes. Through more effective involvement of clients and families, all partners (client and family partners, Placer County leadership, and private providers) will identify partners and develop community liaisons. In addition, the skills of all partners will be enhanced.

9. Cultural Competence

The plan includes a transformation of the system to ensure that it becomes culturally competent at every level. This will necessitate a complete assessment and analysis of the current system as it relates to culturally available, appropriate, and accessible services, and staff competencies. As part of the planning and implementation process, every effort will be made to use client's of various cultures to act as advisors, trainers, and participants to ensure the integrity of the process. Increased expertise in working with different cultures and increased exposure to the communities will result in lowering of barriers to access.

Currently, CSOC is in the process of recruiting at least one Parent Advocate from the Latino communities of King's Beach and Lincoln (Western Placer) to provide bicultural and bilingual support to our Latino clients and their families.

10. Sexual Orientation/Gender Sensitivity

Consistent with the goal of cultural competency in system delivery transformation is expertise in gender issues and culture. Assessment of system and clinician competencies will dictate the content and schedule of on-going trainings. Client and Family driven system strategies will address sensitivity to sexual orientation and gender, through offering programs such as client-run support groups and social activities for GLBT clients. Clients and families, mental health staff and other community partners will identify competent sensitive resources and training.

11. Out of County Clients

Clients placed out of county will benefit from increased staff competency and educated families. Adult out-of-county clients will be eligible to participate in all client and family programs. They will be assisted with alternative resources if they live too far from Placer County services. Children who are placed out of county will remain the responsibility of Placer County CSOC.

12. Other Strategies.

N/A

13. Timeline

Pre-implementation: October 2005 – January 2006

Form core planning group/team (clients/families, community partners/collaborative organizations, county leadership, and cultural competency committee liaison)

- Fully craft a comprehensive implementation timeline
- Develop/convene various committees (staff/clinical level groups and policy level stakeholder groups)
- Baseline assessment of current programs, policies/practices, etc. (for co-occurring disorders, use the Zialogic toolkits that provide measurements of fidelity or capability at the system, program and individual clinician level. For cultural competency and recovery model approaches, identify assessment tools, or create them).
- Convene stakeholders meeting for orientation of Placer Client and Family driven System Strategies
- Develop job description and job scope
- Contract or MOU with community private provider(s)
- Recruit public and private client and family employees.

Phase 2: February 2006– June 2007

- Policy level stakeholder group to develop a charter document/statement to ensure buy-in at every level of the organization(s)
- Kick-off events (including presentations, training, etc.)
- Develop work product, including forms and policies/procedures
- Develop training curriculum and begin implementation; train the trainers
- Interim competency assessment (re-administer assessment tools)
- Evaluation (including client/family feedback)
- Hire 1-3 client/youth/family positions
- Utilize the Equip training developed by UACC for Parent Advocates
- Continue community resources and program development
- Continue to recruit and train public and private client, youth and family employees

Phase 3: July 2007 – June 2008

- Evaluate braided funding to fully integrate services
- Plan for expansion of transformation process to include an even broader array of partners
- Use locally trained staff and clients/families to continue on-going training
- Administer assessment tools & evaluate competencies
- Hire additional client/family positions.
- Continue community resources and program development.
- Review and evaluation on system strategy implementation with client/family input.
- Plan for expansion of transformation process to include an even broader array of partners
- Use locally trained staff and clients/families to continue on-going training
- Review and evaluate outcomes and services.

Placer County

System Transformation Budget Narrative

FY 05-06

Program: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven Systems

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Hire Client Services Assistant II to provide transportation, housing coordination, outreach, Day Rehab instruction, and to assist with MAP Program. Hire two client Occupational Trainees to support these services.
3. Operating Expenditures
 - Budget line a: funding necessary for co-occurring consultation training with Minkoff and Cline
 - Budget line items with funding identified are cost for staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
 - Other Operating Expenses
 - Budget line g: funds necessary to expand Welcome Center to increase the level of participation of clients and family.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions for trainers in Cultural Competency, and client/family involvement in Mental Health Services. Creation of two contract client/family positions in ASOC and four contract client/family positions in CSOC for client/family advocacy and support.
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, hiring of a Client Services Assistant II, two client Occupational Trainees, and six contract client/family positions. Consultants and training for Cultural Competency, Co-occurring Disorders, and family/client involvement in mental health services. Expansion of the Welcome Center.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>6</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>System Transformation</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>5</u>	
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$26,758			\$26,758
c. Employee Benefits	<u>\$11,468</u>			<u>\$11,468</u>
d. Total Personnel Expenditures	\$38,226	\$0	\$0	\$38,226
3. Operating Expenditures				
a. Professional Services	\$78,909			\$78,909
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,894			\$2,894
d. General Office Expenditures	\$14,000			\$14,000
e. Rent, Utilities and Equipment	\$4,309			\$4,309
f. Medication and Medical Supports				\$0
g. Other Operating Expenses	<u>\$25,000</u>			<u>\$25,000</u>
h. Total Operating Expenditures	\$125,112	\$0	\$0	\$125,112
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$110,930			\$110,930
6. Total Proposed Program Budget	\$274,268	\$0	\$0	\$274,268
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$0		\$0
d. Other Revenue		<u>\$0</u>		<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$274,268	\$0	\$0	\$274,268

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>6</u>	Date: <u>10/13/05</u>	
Program Workplan Name <u>System Transformation</u>	Page: <u>2 of 2</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>5</u>	
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>	

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Client Services Assistant II		0.42	\$40,813	\$17,141
	Occupational Trainees		0.84	\$11,449	\$9,617
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	1.26		\$26,758
C. Total Program Positions		0.00	1.26		\$26,758

Placer County

System Transformation Budget Narrative

FY 06-07

Program: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven Systems

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Employ Client Services Assistant II to provide transportation, housing coordination, outreach, Day Rehab instruction, and to assist with MAP Program. Employ two client Occupational trainees to support these services.
3. Operating Expenditures
 - Budget line a: funding necessary for a Data Analyst and consultant services for training in Co-occurring Disorders
 - Budget line c-e: funding identified are costs for staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions for trainers in Cultural Competency, and client/family involvement in mental health services. Continuation of two contract client/family positions in ASOC and four contract client/family positions in CSOC for client advocacy and support.
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, employment of a Client Services Assistant II, two client Occupational Trainees, two contract client/family positions in ASOC and four contract client/family positions in CSOC. Consultants and training for Co-occurring Disorders, Cultural Competency, and family/client involvement in mental health services. Services of a Data Analyst.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>6</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>System Transformation</u>	Page: <u>1 of 2</u>
Type of Funding <u>2. System Development</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$70,954			\$70,954
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$23,316			\$23,316
d. Total Personnel Expenditures	\$94,270	\$0	\$0	\$94,270
3. Operating Expenditures				
a. Professional Services	\$109,551			\$109,551
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$8,750			\$8,750
d. General Office Expenditures	\$4,972			\$4,972
e. Rent, Utilities and Equipment	\$8,444			\$8,444
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$131,717	\$0	\$0	\$131,717
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$256,897			\$256,897
6. Total Proposed Program Budget	\$482,884	\$0	\$0	\$482,884
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$0		\$0
d. Other Revenue		\$0		\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$482,884	\$0	\$0	\$482,884

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>6</u>	Date: <u>10/13/05</u>
Program Workplan Name <u>System Transformation</u>	Page: <u>2 of 2</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>0</u>	ew Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

[illegible]

Placer County

System Transformation Budget Narrative

FY 07-08

Program: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven Systems

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Budget line a: funding necessary to employ Client Services Assistant II to provide transportation, housing coordination, outreach, Day Rehab instruction, and to assist with MAP Program. Employ two client Occupational trainees to support these services.
3. Operating Expenditures
 - Budget line a: funding necessary for a Data Analyst and consultant services for training in Co-occurring Disorders
 - Budget line c-e: funding identified are costs for staff mileage (field operations, trainings, etc.), office supplies, rent and facilities, and cell phones.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions for trainers in Cultural Competency, and client/family involvement in mental health services. Continuation of two contract client/family positions in ASOC and four contract client/family positions in CSOC for client advocacy and support.
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, employment of a Client Services Assistant II, two client Occupational trainees, two contract client/family positions in ASOC and four contract client/family positions in CSOC. Consultants and training for Co-occurring Disorders, Cultural Competency, and family/client involvement in mental health services. Services of a Data Analyst.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>6</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>System Transformation</u>	Page: <u>1 of 2</u>	
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$95,524			\$95,524
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$31,480			\$31,480
d. Total Personnel Expenditures	\$127,004	\$0	\$0	\$127,004
3. Operating Expenditures				
a. Professional Services	\$109,868			\$109,868
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$6,688			\$6,688
d. General Office Expenditures	\$7,733			\$7,733
e. Rent, Utilities and Equipment	\$8,874			\$8,874
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$133,163	\$0	\$0	\$133,163
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$257,239			\$257,239
6. Total Proposed Program Budget	\$517,406	\$0	\$0	\$517,406
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0	\$0	\$0	\$0
c. State General Funds	\$0	\$0	\$0	\$0
d. Other Revenue	\$0	\$0	\$0	\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$517,406	\$0	\$0	\$517,406

County:	<u>Placer</u>	Fiscal Year:	<u>2007-08</u>
Program Workplan #	<u>6</u>	Date:	<u>10/13/05</u>
Program Workplan Name	<u>System Transformation</u>	Page:	<u>2 of 2</u>
Type of Funding	<u>2. System Development</u>	Months of Operation	<u>12</u>
Proposed Total Client Capacity of Program/Service:	<u>0</u>	New Program or Expansion	<u>New</u>
Existing Client Capacity of Program/Service:	<u>0</u>	Prepared by:	<u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA:	<u>0</u>	Telephone Number:	<u>530.886.2836</u>

Placer County MHSA CSS Plan and Expenditures, October 2005

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY										
County: Placer		Fiscal Year:2005-06		Program Work Plan Name: Mental Health Crisis Response and Triage						
Program Work Plan #:7		Estimated Start Date: October 2005								
Description of Program: <i>Describe how this program will help advance the goals of the MHSA</i>		Develop a team located at a new one-stop hospital site. The team will provide same day/next day, follow-up and outreach services for individuals who are 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF). This one-stop site will also be available to provide services to walk-in clients. The program goal is to provide services to SMI/SED to prevent hospitalization, homelessness or incarceration.								
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Individuals who are SED/SMI, 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF)								
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)				Fund Type			Age Group			
				FSP	Sys Dev	OE	CY	TAY	A	OA
Inter-agency integrated services: One-Stop setting at Hospital sites; partnership with the hospital to establish interview space close to the Emergency Department and space for clients waiting for transportation to a psychiatric facility To secure a new one-stop environment to comprehensively serve targeted population, security staff will join this team. Security staff will receive mental health training. New same day/next day follow-up and outreach services for individuals not admitted to the psychiatric facility per 5150 and walk-in clients. Services will include a new Client Services Practitioner to provide assessment, triage, and linkage to appropriate services that could include ASOC or community partners. Client mentors and/or family partners will work with team Consolidation of all 5150 assessments (other than the Lake Tahoe area) Housing: The team will have immediate communication with the SOC Housing Team in addition to the emergency housing resources of ACCESS. Rental subsidies and other supports will be used as appropriate to relieve the crisis. Employment: The team will be connected the SOC Employment Team for initiation of movement toward employment.					X		X	X	X	X

Systems Development Strategies Work Plan

Mental Health Crisis Response and Triage

Strategy Summary

Placer County plans to develop a team located at a new one-stop hospital site. The team will provide same day/next day, follow-up and outreach services for individuals who are 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF). This one-stop site will also be available to provide services to walk-in clients.

1. Population to be Served

Number of individuals to be served

Placer County staff currently perform, an average of five (5) 5150 assessments per day. During fiscal year 2003-04 there were 158 days that an above average number of assessments were performed. Fifty percent of people evaluated are admitted to PHFs. Therefore 1,200 – 1,500 clients will be impacted by this strategy. Approximately 600-750 clients will be provided same day or next day intervention and support services that should prevent future crisis episodes.

Background

Only 50% of the individuals are admitted to PHFs per 5150. Those that are not admitted may wait long periods for a first appointment with the psychiatrist or case manager. They are often lost to service, being both under-served and inappropriately served. Therefore, additional services are necessary to assist individuals that are not admitted, including follow-up and outreach on the following day.

Placer County, especially the southwestern region, is one of the fastest growing areas in California. Consequently, the number of 5150 evaluations has risen.

Currently, the 5150 protocol provides guidance for law enforcement officers to transport individuals that are a danger to themselves, to others, or gravely disabled due to a mental disorder (WIC 5150) to either the hospital emergency rooms or the Cirby Hills ACCESS unit, dependent upon their field review of need for medical services.

The Telecare In-patient Program at Cirby Hills is licensed as a PHF, not a Psychiatric Hospital, and therefore is restricted from admitting non-ambulatory patients and a patient with significant medical needs requiring treatment.

2. Program

It is proposed that the team provide comprehensive service at the one-stop hospital site. This strategy would be able to provide this population of clients with the following:

- One-stop setting will be located at a hospital site

- New same day/next day follow-up and outreach services for individuals who are not admitted to the psychiatric facility per 5150
- SOC to work in partnership with the hospital to establish interview office space in proximity to the Emergency Department, as well as, a space that clients may wait for transportation to a psychiatric facility if they are found to meet criteria for a 5150 hold
- A new Client Services Practitioner (1.0 FTE/funded by MHSA) who will join the ASOC entry team to provide assessment, triage, and linkage to appropriate services that could include ASOC and/or community partners
- Client mentors and/or family partners will work with the team
- To create a safe environment to comprehensively serve clients, security/support staff (2.0 FTE) will join this team. Security/support staff will receive mental health training
- One-stop site will provide walk-in services to facilitate early intervention
- Consolidation of all 5150 assessments (other than the Lake Tahoe area) to one-stop hospital site.

This proposal will accomplish the following system improvements and outcomes:

- Provide improved next day support and follow-up for individuals that are not admitted to inpatient psychiatric facilities
- Reduce barriers in accessing ASOC by increasing collaboration between ACCESS and ASOC Entry Teams
- Provide a “single point of delivery” for law enforcement, which is appropriately staffed to accept 5150 applicants
- Provide a more humane and supportive environment for 5150 applicants in the Emergency Department by decreasing the tension between law enforcement, Emergency Department staff, and ACCESS staff
- Reduce the number of persons hospitalized by providing additional services prior to admission.

3. Housing or Employment Services

Housing: The team will have immediate communication with the ASOC Housing Team in addition to the emergency housing resources of ACCESS. Rental subsidies and other supports will be used as appropriate to relieve the crisis.

Employment: The team will be connected to the ASOC Employment Team for initiation of movement toward employment.

4. Cost

N/A

5. Advancing Recovery and Resiliency

All partners, including security/support staff, mental health staff, and others will receive training in applying the principles of recovery and resiliency to their work. Individuals receiving follow-up services will be full partners in designing and implementing their service plans.

6. Expansion of Existing Program

This strategy will expand and improve emergency mental health services by adding staff that will provide support and follow-up to individuals who are not admitted. Currently, these individuals receive no county support or follow-up services while waiting for appointments with a psychiatrist or case manager.

7. Client/family Involvement

During a crisis, the loci of control do not rest with the individual or the family as the focus is on the safety of the individual, family, and community; however, during aftercare the loci of control must return to client/family. The expanded aftercare/outreach component of the plan will be client centered and rely heavily on client/family involvement in determining needed and appropriate services. The individual, family, and significant others will play an important role in addressing and preventing future crises.

8. Community Collaboration

This strategy will create a 5150 collaborative team comprised of ACCESS, ER staff, ASOC Entry team triage and security/support staff, and Hospital Security staff. All staff will be cross-trained in relevant mental health, Law Enforcement, and hospital policies and procedures. The team will practice client centered and recovery oriented approaches to services. Multiple community agencies will be engaged in providing appropriate services and supports.

In addition, all partners will contribute financially and/or in-kind to support this project.

9. Cultural/Linguistic Competence

Staff members responding to crises are trained on cross cultural issues and resources to assist them in managing the immediate crisis. The inclusion of the hospital and security/support resources, via the team process, will enhance the systems' ability to respond to these needs. The expanded aftercare/outreach component of the plan will be client/family centered and will identify culturally competent resources that may include, but is not limited to: client's community, family, other community partners, faith community, and private providers, in addition to county resources. The same day/next day outreach will reduce the likelihood of minority clients dropping out of service.

10. Sexual Orientation/Gender Sensitivity

Staff members responding to crises are trained on GLBT issues and resources to assist them in managing the immediate crisis. The inclusion of the hospital and security resources, via the team process, will enhance the systems' ability to respond to these needs. The expanded aftercare/outreach component of the plan will be client/family centered and will identify GLBT resources that may include, but is not limited to: client's community as they define it, family, other community partners, faith community, and private providers, in addition to county resources.

11. Services for Out of County Clients

Currently, all clients, regardless of residence, are responded to when in psychiatric crisis to ensure the immediate safety of the individual, family, and community. The program will go beyond immediate safety issues in the aftercare component. Out-of-county clients will receive assistance in identifying appropriate services and referrals and linkages back to their home community.

12. Unlisted Strategy

N/A

13. Timeline

Pre-implementation: October 2005 - January 2006

- Convene stakeholders meeting for orientation to program
- Develop job description for 1.0 FTE county clinician to perform outreach and after care follow up
- Develop job scope for 2.0 FTE security staff and identify security agency to sponsor said personnel
- Contract or MOU with community partners.

Phase 2: February 2006 - March 2006

- Recruit and train team members
- Educate public and private partners, as well as, other public entities about the program
- Identify space at Sutter Roseville Medical Center

Phase 3: April 2006 – June 2006

- All crisis evaluations, except for the Tahoe area, to be performed at Sutter Roseville Medical Center
- Continue Resources Development related to aftercare needs
- Continue Program Development
- Develop and train on implementing customer satisfaction surveys

Phase 4: July 2006 – September 2006

- Continue community resources and program development
- Evaluation of customer satisfaction surveys
- Review and evaluation on program outcomes and services, as well as program operations for public and private partners
- Continued training for team members

Phase 5: October 2006 – December 2006

- Review and evaluation of program outcomes and services
- Review and evaluation of operations for public and private partners
- Evaluation of customer satisfaction surveys

Placer County Crisis Triage Budget Narrative

FY 05-06

Program: Mental Health Crisis and Triage

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Hire Client Services Practitioner II to provide assessment, transportation, and linkage to appropriate services that could include ASOC and/or community partners. Hire two Security/Support Staff from a security agency to create a safe environment to comprehensively serve clients.
3. Operating Expenditures
 - Budget lines a, c-e: funding necessary for a Data Analyst and staff mileage (field operations, trainings, etc.), office supplies, and cell phones. Additional expenditures for renting and equipping two rooms in Sutter Roseville Medical Center for use in triage.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - Contractor positions for trainers in Co-occurring disorders, cultural competency
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, hiring of a Client Services Practitioner II and a Security/Support staff, and renting and equipping space in Sutter Roseville Medical Center.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>7</u>	Date: <u>10/13/05</u>
Program Workplan Name: <u>Crisis Triage</u>	Page: <u>1 of 2</u>
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>5</u>
Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: _____	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				\$0
b. New Additional Personnel Expenditures	\$24,874			\$24,874
c. Employee Benefits	\$8,661			\$8,661
d. Total Personnel Expenditures	\$33,535	\$0	\$0	\$33,535
3. Operating Expenditures				
a. Professional Services	\$8,165			\$8,165
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,550			\$1,550
d. General Office Expenditures	\$4,083			\$4,083
e. Rent, Utilities and Equipment	\$30,867			\$30,867
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$44,665	\$0	\$0	\$44,665
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$65,000			\$65,000
6. Total Proposed Program Budget	\$143,200	\$0	\$0	\$143,200
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$143,200	\$0	\$0	\$143,200
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>7</u>	Date: <u>10/13/05</u>
Program Workplan Name <u>Crisis Triage</u>	Page: <u>2</u> of <u>2</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>5</u>
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Client Services Practioner II	provide assessment, triage, and linkage to appropriate services that could include ASOC and/or community partners		0.42	\$59,224	\$24,874
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.42		\$24,874
C. Total Program Positions		0.00	0.42		\$24,874

Placer County Crisis Triage Budget Narrative

FY 06-07

Program: Mental Health Crisis and Triage

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Budget line a: funding necessary to employ Client Services Practitioner II to provide assessment, transportation, and linkage to appropriate services that could include ASOC and/or community partners. Employ two Security/Support Staff from a security agency to create a safe environment to comprehensively serve clients.
3. Operating Expenditures
 - Budget lines a, c-e: funding necessary for a Data Analyst and staff mileage (field operations, trainings, etc.), office supplies, and cell phones. Additional expenditures for renting and equipping two rooms in Sutter Roseville Medical Center for use in triage.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - None budgeted
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, employing of a Client Services Practitioner II and two Security/Support staff, a Data Analyst, and renting and equipping space in Sutter Roseville Medical Center.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>	Date: <u>10/13/05</u>
Program Workplan #: <u>7</u>		Page: <u>1 of 2</u>
Program Workplan Name: <u>Crisis Triage</u>		Months of Operation: <u>12</u>
Type of Funding: <u>2. System Development</u>	Proposed Total Client Capacity of Program/Service: _____	New Program or Expansion: <u>New</u>
	Existing Client Capacity of Program/Service: _____	Prepared by: <u>S Dashiell</u>
	Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>

	County Mental Health Department	Other Govern- mental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$58,262			\$58,262
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$24,970			\$24,970
d. Total Personnel Expenditures	\$83,232	\$0	\$0	\$83,232
3. Operating Expenditures				
a. Professional Services	\$2,944			\$2,944
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,488			\$1,488
d. General Office Expenditures	\$1,764			\$1,764
e. Rent, Utilities and Equipment	\$27,001			\$27,001
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$33,197	\$0	\$0	\$33,197
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$133,900			\$133,900
6. Total Proposed Program Budget	\$250,329	\$0	\$0	\$250,329
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$250,329	\$0	\$0	\$250,329
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: <u>Placer</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>7</u>	Date: <u>10/13/05</u>	
Program Workplan Name: <u>Crisis Triage</u>	Page: <u>2 of 2</u>	
Type of Funding: <u>2. System Development</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>S Dashiell</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>530.886.2836</u>	

Classification	Function	Client, FM & CG FTEs	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries Wages and Overtime
A. Current Existing Positions					
Client Services Practioner II	provide assessment, triage, and linkage to appropriate services that could include ASOC and/or community partners		1.00	\$58,262	\$58,262
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	1.00		\$58,262
B. New Additional Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	1.00		\$58,262

Placer County Crisis Triage Budget Narrative

FY 07-08

Program: Mental Health Crisis and Triage

Type of Funding: Systems Development

A. Expenditures

1. Client Family Member and Caregiver Support Expenditures
 - None budgeted.
2. Personnel Expenditures
 - Budget line a: funding necessary to employ Client Services Practitioner II to provide assessment, transportation, and linkage to appropriate services that could include ASOC and/or community partners. Employ two Security/Support Staff from a security agency to create a safe environment to comprehensively serve clients.
3. Operating Expenditures
 - Budget lines a, c-e: funding necessary for a Data Analyst and staff mileage (field operations, trainings, etc.), office supplies, and cell phones. Additional expenditures will be used for renting and equipping two rooms in Sutter Roseville Medical Center for use in triage.
4. Program Management
 - None budgeted
5. Estimated Total Expenditures when service provider is not known
 - None budgeted
6. Total Proposed Program Budget
 - Funds allocated for operating expenditures for staff, employing of a Client Services Practitioner II, two Security/Support staff, a Data Analyst, and renting and equipping space in Sutter Roseville Medical Center.

B. Revenue

- None budgeted

C. One-Time CSS Funding Expenditures

- None budgeted

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County:	Placer	Fiscal Year:	2007-08
Program Workplan #	7	Date:	10/13/05
Program Workplan Name	Crisis Triage	Page:	1 of 2
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:		New Program or Expansion	New
Existing Client Capacity of Program/Service:		Prepared by:	S Dashiell
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	530.886.2836

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$61,176			\$61,176
b. New Additional Personnel Expenditures				\$0
c. Employee Benefits	\$26,218			\$26,218
d. Total Personnel Expenditures	\$87,394	\$0	\$0	\$87,394
3. Operating Expenditures				
a. Professional Services	\$2,886			\$2,886
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,301			\$1,301
d. General Office Expenditures	\$1,980			\$1,980
e. Rent, Utilities and Equipment	\$27,018			\$27,018
f. Medication and Medical Supports				\$0
g. Other Operating Expenses				\$0
h. Total Operating Expenditures	\$33,185	\$0	\$0	\$33,185
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$137,917			\$137,917
6. Total Proposed Program Budget	\$258,496	\$0	\$0	\$258,496
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$258,496	\$0	\$0	\$258,496
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: _____	Placer _____	Fiscal Year: _____	2007-08 _____
Program Workplan # _____	7 _____	Date: _____	10/13/05 _____
Program Workplan Name _____	Crisis Triage _____	Page: _____	2 of 2 _____
Type of Funding _____	2. System Development _____	Months of Operation _____	12 _____
Proposed Total Client Capacity of Program/Service: _____	0 _____	New Program or Expansion _____	New _____
Existing Client Capacity of Program/Service: _____	0 _____	Prepared by: _____	S Dashiell _____
Client Capacity of Program/Service Expanded through MHSA: _____	0 _____	Telephone Number: _____	530.886.2836 _____

[illegible]

ADMINISTRATION BUDGET NARRATIVE

FY 05-06

Placer County

A. Expenditures

1. Personnel Expenditures

- Budget line a: funding necessary to support the MHSA Coordinator responsibilities to include, but not limited to, plan, organize, direct the implementation of the, full service and system strategies, and overall administration of the MHSA Plan.
- Budget line b: funding necessary to support Client Services Supervisor responsibilities include, but not limited to, assist coordinator to develop MHSA Plan infrastructure.
- Budget line c: funding necessary to support Senior Administrative Clerk who provides administrative support to MHSA Coordinator and an Account Clerk to provide fiscal support.

2. Operating Expenditures

- None budgeted

3. County allocated Administration

- Budget line a: funding necessary for identified County Administrative (A-87) costs attributed to MHSA programs.
- Budget line b, reflects cost of 8% of general administration to include payroll, billing, Management Information Systems, general Health and Human Services Administration, Central Facility Management, HIPAA Administration and Enforcement, Central Contract Administration, Central Budget Management, Central Personnel Services, etc.


B. Revenues

- None budgeted

C. Start-up and One-Time Implementation Expenditures

- None budgeted

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County:		Placer	Fiscal Year:	2005-06
			Date:	10/28/05
		Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures				
1. Personnel Expenditures				
	a. MHSA Coordinator(s)		0.42	\$35,941
	b. MHSA Support Staff			
	c. Other Personnel (list below)			
	Senior Administrative Clerk		0.42	\$16,633
	Account Clerk - Journey		0.42	\$16,927
	iv.			
	v.			
	vi.			
	vii.			
	d. Total FTEs/Salaries	0.00	1.26	69,501
	e. Employee Benefits			\$29,787
	f. Total Personnel Expenditures			\$99,288
2. Operating Expenditures				
	a. Professional Services			
	b. Travel and Transportation			
	c. General Office Expenditures			
	d. Rent, Utilities and Equipment			
	e. Other Operating Expenses			
	f. Total Operating Expenditures			\$0
3. County Allocated Administration				
	a. Countywide Administration (A-87)			\$28,328
	b. Other Administration			\$56,657
	c. Total County Allocated Administration			\$84,985
4. Total Proposed County Administration Budget				\$184,273
B. Revenues				
1. New Revenues				
	a. Medi-Cal (FFP only)			
	b. Other Revenue			
2. Total Revenues				\$0
C. Start-up and One-Time Implementation Expenditures				
D. Total County Administration Funding Requirements				\$184,273
COUNTY CERTIFICATION				
I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.				
Date:	10/28/2005	Signature		
			Maureen F. Bauman, L.C.S.W	
Executed at	Auburn	, California		

ADMINISTRATION BUDGET NARRATIVE

FY 06-07

Placer County

A. Expenditures

1. Personnel Expenditures

- Budget line a: funding necessary to support the MHSA Coordinator responsibilities to include, but not limited to, plan, organize, direct the implementation of the, full service and system strategies, and overall administration of the MHSA Plan.
- Budget line b: funding necessary to support Client Services Supervisor responsibilities include, but not limited to, assist coordinator to develop MHSA Plan infrastructure.
- Budget line c: funding necessary to support Senior Administrative Clerk who provides administrative support to MHSA Coordinator and an Account Clerk to provide fiscal support

2. Operating Expenditures

- Budget line a: funding necessary to support Network of Care website

3. County allocated Administration


- Budget line a: funding necessary for identified County Administrative (A-87) costs attributed to MHSA programs.
- Budget line b, reflects cost of 8% of general administration to include payroll, billing, Management Information Systems, general Health and Human Services Administration, Central Facility Management, HIPAA Administration and Enforcement, Central Contract Administration, Central Budget Management, Central Personnel Services, etc.

B. Revenues

- None budgeted

C. Start-up and One-Time Implementation Expenditures

- None budgeted

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet				
County:		Placer	Fiscal Year:	2006-07
			Date:	10/28/05
			Client, Family Member and Caregiver FTEs	Budgeted Expenditures
A. Expenditures				
1. Personnel Expenditures				
	a. MHSA Coordinator(s)		1.00	\$88,288
	b. MHSA Support Staff			
	c. Other Personnel (list below)			
	Senior Administrative Clerk		1.00	\$41,287
	Account Clerk		1.00	\$42,009
	iv.			
	v.			
	vi.			
	vii.			
	d. Total FTEs/Salaries	0.00	3.00	\$171,584
	e. Employee Benefits			\$73,536
	f. Total Personnel Expenditures			\$245,120
2. Operating Expenditures				
	a. Professional Services			\$22,500
	b. Travel and Transportation			
	c. General Office Expenditures			
	d. Rent, Utilities and Equipment			
	e. Other Operating Expenses			
	f. Total Operating Expenditures			\$22,500
3. County Allocated Administration				
	a. Countywide Administration (A-87)			\$71,247
	b. Other Administration (provide description in budget narrative)			\$142,493
	c. Total County Allocated Administration			\$213,740
4. Total Proposed County Administration Budget				\$481,360
B. Revenues				
1. New Revenues				
	a. Medi-Cal (FFP only)			
	b. Other Revenue			
2. Total Revenues				\$0
C. Start-up and One-Time Implementation Expenditures				
D. Total County Administration Funding Requirements				\$481,360
COUNTY CERTIFICATION				
I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.				
Date:	10/28/2005	Signature 		
		Maureen F. Bauman, L.C.S.W.		
Executed at		Auburn	, California	

ADMINISTRATION BUDGET NARRATIVE

FY 07-08

Placer County

A. Expenditures

1. Personnel Expenditures

- Budget line a: funding necessary to support the MHSA Coordinator responsibilities to include, but not limited to, plan, organize, direct the implementation of the, full service and system strategies, and overall administration of the MHSA Plan.
- Budget line b: funding necessary to support Client Services Supervisor responsibilities include, but not limited to, assist coordinator to develop MHSA Plan infrastructure.
- Budget line c: funding necessary to support Senior Administrative Clerk who provides administrative support to MHSA Coordinator and an Account Clerk to provide fiscal support

2. Operating Expenditures

- Budget line a: funding necessary to support Network of Care website

3. County allocated Administration


- Budget line a: funding necessary for identified County Administrative (A-87) costs attributed to MHSA programs.
- Budget line b, reflects cost of 8% of general administration to include payroll, billing, Management Information Systems, general Health and Human Services Administration, Central Facility Management, HIPAA Administration and Enforcement, Central Contract Administration, Central Budget Management, Central Personnel Services, etc.

B. Revenues

- None budgeted

C. Start-up and One-Time Implementation Expenditures

- None budgeted

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet				
County:		Placer	Fiscal Year:	2007-08
			Date:	10/28/05
			Client, Family Member and Caregiver FTEs	Budgeted Expenditures
A. Expenditures				
1. Personnel Expenditures				
	a.	MHSA Coordinator(s)	1.00	\$90,936
	b.	MHSA Support Staff		
	c.	Other Personnel (list below)		
		Senior Administrative Clerk	1.00	\$42,525
		Account Clerk	1.00	\$43,269
	iv.			
	v.			
	vi.			
	vii.			
	d.	Total FTEs/Salaries	0.00	\$176,730
	e.	Employee Benefits		\$75,742
	f.	Total Personnel Expenditures		\$252,472
2. Operating Expenditures				
	a.	Professional Services		\$22,500
	b.	Travel and Transportation		
	c.	General Office Expenditures		
	d.	Rent, Utilities and Equipment		
	e.	Other Operating Expenses (provide description in budget narrative)		
	f.	Total Operating Expenditures		\$22,500
3. County Allocated Administration				
	a.	Countywide Administration (A-87)		\$75,866
	b.	Other Administration (provide description in budget narrative)		\$151,734
	c.	Total County Allocated Administration		\$227,600
4. Total Proposed County Administration Budget				\$502,572
B. Revenues				
1. New Revenues				
	a.	Medi-Cal (FFP only)		
	b.	Other Revenue		
2. Total Revenues				\$0
C. Start-up and One-Time Implementation Expenditures				
D. Total County Administration Funding Requirements				\$502,572
<p align="center">COUNTY CERTIFICATION</p> <p>I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.</p>				
Date:	10/28/2005	Signature		
		Maureen F. Bauman, L.C.S.W.		
Executed at		Auburn	California	

Addendum

Crisis Triage and Follow-up Proposal

Overview:

The Mental Health Services Act will provide funding to improve mental health crisis services and the 5150-evaluation process. It is proposed that all individuals (west slope), who are having a mental health crisis and need intervention OR who have been identified and detained by law enforcement, will be transported to the Sutter Roseville Medical Center (SRMC) for the 5150 evaluation by ACCESS staff. ACCESS staff will be located, on-site at SRMC (space to be determined). Additional ACCESS staff and Consumer Advocates will be hired to provide same day or next day outreach and support services for those individuals not admitted to a psychiatric hospital; to provide additional assistance to ACCESS and SRMC staff while medical clearances and admissions are pending; and to expedite the return of law enforcement staff back to patrol duties.

The Proposed Policy and Procedures

All individuals in Placer County, except for the Tahoe area, who are in a mental health crisis and need support and resolution OR require a 5150 evaluation for potential admission to a psychiatric facility, also need medical clearance and/or treatment from medical emergency rooms. All individuals detained and transported by law enforcement, pursuant to WIC 5150 will be transported to SRMC for the 5150 evaluation.

EXCEPTIONS:

There are exceptions to this overall policy and procedure as follows:

- a. Tahoe consumers will continue to be taken to Tahoe Forest Hospital
- b. Walk-in patients to Auburn Faith Hospital (AFH) that need a 5150 evaluation, after medical clearance, will be evaluated by ACCESS at AFH
- c. Consumers transported to AFH by ambulance, who need immediate medical attention and concurrently determined to also need a 5150 evaluation, will be evaluated by ACCESS at AFH after they are medically cleared
- d. ACCESS will continue to evaluate individuals at the Placer County Jail, Juvenile Detention Facility, and agreed upon residential treatment programs.

Approximately half of the 138 individuals per month, evaluated by ACCESS meet criteria for a 5150 involuntary admission to a psychiatric facility; the other fifty percent are currently only given referrals for services. It is proposed to improve this portion of the crisis services by hiring additional staff to provide a more proactive approach to preventing further crises via outreach and support the same day or the next day.

The Setting at Sutter Roseville Medical Center (SRMC)

It is proposed that SRMC will identify two connecting spaces for use by Placer County ACCESS staff. The space will consist of an office to conduct the crisis evaluations and an adjacent room to house consumers and their family or consumer partners, who would be available to support the consumer in crisis. The room will also be used for clients who meet admission criteria and are waiting for transfer to a psychiatric facility. The evaluation office room will contain a seat for the consumer, as well as, a desk and phone for ACCESS staff to complete required paperwork and make calls to arrange admission and transportation to a psychiatric facility.

The adjacent room will provide an improved environment for consumers and support staff because it provides a comfortable space for consumers to stabilize and sleep if necessary, while waiting for admission and transportation. It also provides a space for family members, staff and peer partners to provide support for the consumer. In some cases, consumers are required to wait for several hours, while a hospital facility is being located. This area will also be supported by security personnel to ensure the continued safety of consumers, family members, support, hospital, and ACCESS staff. All staff will actively work together as a team to support and engage consumers and family members in a successful resolution of the crisis, prepare individuals for transport to hospital placements and provide outreach and supportive services.

The Staffing

The new proposed staffing will augment the current ACCESS crisis team, as well as, provide a more consistent linkage to the Adult System of Care. As an initial improvement, ACCESS recently added a second Senior Client Services Practitioner position; this staff member will focus primarily on Mental Health issues, including crisis response and intake services. The crisis calls will continue to be triaged by Intake staff at Cirby Hills. The two Senior Client Service Practitioners will be scheduled at the Intake office, in a staggered schedule, from 7:30 AM to 8:30 PM, Monday through Fridays. After 8:30 PM, Monday through Friday, and on weekends and holidays, there will be a Supervisor on-call to assist with triage.

The peak hours for crisis calls are the late afternoon through late night. ACCESS staff will be assigned to be present in the Emergency Department from 2:00PM to 8:00AM on Monday through Friday, and from Friday afternoon at 2:00PM until Monday at 8:00AM. Additionally, in the morning hours during the workweek, there will be staff on-call to respond to evaluation needs at other sites, or to assist at SRMC as demand dictates.

During these peak times, security staff will enhance ACCESS capacity to provide support and security. As part of the crisis response team, the security personnel will ensure the safety of all parties involved, as well as, direct the flow of consumers if there are multiple crises occurring simultaneously. Security staff will interact with law enforcement officers and ensure an appropriate transfer of consumers as they are brought to the Emergency Department. They will also provide appropriate care and

supervision of the consumer, in conjunction with the ACCESS team and hospital personnel, in the event that the professional staff are occupied with other necessary duties. Additionally, security personnel will assist the ACCESS staff in answering phone calls from responding facilities and arranging transport. The Welfare and Institutions Code states that peace officers, and/or “professional persons designated by the County” are authorized to take a person into custody for treatment and evaluation.

Of the approximate 138 crisis evaluations per month, one-half of the individuals are found to not meet involuntary admission criteria. The Crisis Triage Proposal allows ACCESS to expand service strategies to help consumers in need of services, but who are not admitted to a psychiatric hospital. A Client Services Practitioner, designated by the Outreach Coordinator, will work in conjunction with the family, consumer support staff, ACCESS staff and Adult System of Care staff, to ensure consumers receive follow-up support and services on the same day or next day. These services will include home or office visits; outreach phone calls; and transportation assistance to facilitate linkage with necessary services. The Outreach Coordinator and the designated consumer partners will be members of the ASOC Entry team, for admission to on-going intensive services as appropriate. The Outreach Coordinator will be responsible for further assessing the consumer and prioritizing admission to the Adult System of Care. The Crisis Triage Team will also assist consumers with private insurance, to access services with their own provider. They will also be a liaison to organizations such as National Alliance for the Mental Ill (NAMI), United Advocates for the Children in California (UACC) and other community groups and organizations.

Appendix A Summary of Results MHSA Client Surveys

Question #		Low		Medium		High		Rank
		n	(%)	n	(%)	n	(%)	
	Children N = 72							
1	Barriers to getting help are reduced. It is easy to get services. There are fewer rules and less waiting time.	4	(5.6)	20	(27.8)	48	(66.7)	1
2	You would be assigned a personal helper (advocate) to guide you through the various agencies so your family can receive help quickly.	4	(5.6)	19	(26.4)	47	(65.3)	2
3	Mental health services are provided, not just in a clinic, but in many settings (home, school, juvenile hall, and other community agencies).	5	(6.9)	21	(29.2)	46	(63.9)	3
4	You receive help from someone who understands your culture and speaks your language.	14	(19.4)	13	(18.1)	45	(62.5)	4
5	Information about services is easy to find throughout the county. The written material is understandable and in your language.	4	(5.6)	25	(34.7)	43	(59.7)	5
7	Psychiatrists and all the people who work with you have knowledge about substance abuse and the ability to treat it, including medication.	12	(16.7)	22	(30.6)	38	(52.8)	6
6	Every new program, regardless of age group or original purpose, includes help for substance abuse.	13	(18.1)	24	(33.3)	34	(47.2)	7

Question #		Low		Medium		High		Rank
		n	(%)	n	(%)	n	(%)	
	Transitional Age Youth							
	N = 58							
1	Housing is available, affordable, safe and suitable for you and your age group. There is a person available to answer your questions about finding housing and to help you with any difficulties while you live there.	3	(5.2)	18	(31.0)	37	(63.8)	1
6	If you or any of your friends were bothered with suicidal thoughts, it would be easy to get good, immediate help.	4	(6.9)	17	(29.3)	36	(62.1)	2
5	You would have a personal coach to assist with your finances, finding meaningful work or education, time management, and other adult responsibilities.	5	(8.6)	17	(29.3)	35	(60.3)	3
7	If you have problems, there is a place to get immediate advice, which is not a hospital, for example a drop-in or crisis center.	6	(10.3)	18	(31.0)	33	(56.9)	4
2	Someone is assigned to help you plan for the change to adult mental health services and will be with you during the change and assist you with the special needs of your age group.	6	(10.3)	22	(37.9)	29	(50.0)	5
12	Psychiatrists and all the people who work with you have knowledge about substance abuse and the ability to treat it, including medication.	9	(15.5)	18	(31.0)	29	(50.0)	6
8	A peer mentoring program would train you to help each other so you do not always have to go to an adult.	10	(17.2)	24	(41.4)	23	(39.7)	7
9	Parents are taught information about understanding you and your age group. Staff would help them be better parents.	14	(24.1)	19	(32.8)	23	(39.7)	8
4	Staff would be assigned to work with your age group and communicate with other community agencies. They would be able to advertise the things they offer to you and your friends.	10	(17.2)	25	(43.1)	23	(39.7)	9
10	Every new program, regardless of age group or original purpose, includes help with substance abuse.	15	(25.9)	20	(34.5)	22	(37.9)	10
3	Mental health staff would work in schools, teen clubs, Juvenile Hall, and other public places, not in the clinic.	13	(22.4)	24	(41.4)	21	(36.2)	11
11	Create paid positions for clients and families to work with staff to improve the mental health system, including planning, training, delivery and evaluation.	14	(24.1)	25	(43.1)	18	(31.0)	12

Question #		Low		Medium		High		Rank
		n	(%)	n	(%)	n	(%)	
	Adults							
	N = 254							
4	Increase the number of assisted living, board and care homes, and other places to live with varying types of staff assistance.	12	(4.7)	56	(22.0)	184	(72.4)	1
11	Create a special team who works with people who have both mental health and substance abuse problems. The team would concentrate on those most in danger of going to the hospital or jail.	15	(5.9)	57	(22.4)	180	(70.9)	2
3	A center run by trained mental health clients who understand you and can help with a variety of issues.	13	(5.1)	63	(24.8)	177	(69.7)	3
1	When you first come in you meet with a team for housing, employment, finances, substance abuse, and community resources.	21	(8.3)	69	(27.2)	163	(64.2)	4
9	When there is a long time between a mental health client's first phone call and their first clinic appointment, a staff member would be assigned to help them while they wait for appointments.	24	(9.4)	65	(25.6)	161	(63.4)	5
5	Increase the number of case managers to provide more services to more clients who live in all types of supervised housing.	17	(6.7)	76	(29.9)	159	(62.6)	6
6	More county and agency staff to help you get and keep a job.	25	(9.8)	81	(31.9)	148	(58.3)	7
10	Every new program, regardless of age group or original purpose, includes help with substance abuse.	35	(13.8)	73	(28.7)	144	(56.7)	8
8	Clients and families, paid or volunteer positions, work with staff to get ideas for new programs, put ideas into action, and make sure they work.	27	(10.6)	83	(32.7)	143	(56.3)	9
7	Have a trained mental health client, called a Client Coordinator, to plan useful, interesting, and fun things to do (groups, classes, crafts, spiritual activities).	36	(14.2)	79	(31.1)	136	(53.5)	10
2	A team to help people in state hospitals and other locked centers to help people get out faster.	38	(15.0)	89	(35.0)	127	(50.0)	11

Question #		Low		Medium		High		Rank
		n	(%)	n	(%)	n	(%)	
	Older Adults							
	N = 32							
3	The county would find ways to get new money for Older Adult needs, including transportation, finance, housing, jobs, or for meaningful use of time.	2	(6.3)	5	(15.6)	25	(78.1)	1
2	Assign a Case Manager who is skilled in working with older adults & who has time to coordinate all care. The Case Manager, as part of a problem solving team, can work with you & your family to make a plan to meet a variety of your special needs (nutrition	2	(6.3)	7	(21.9)	23	(71.9)	2
1	Create a mobile team that goes to older adults and can do assessment of physical and mental health, and other issues. After planning together, one member would be assigned as Case Manager to carry out the plan.	2	(6.3)	9	(28.1)	21	(65.6)	3
6	Create paid positions for clients and families to work with staff to improve the system, including planning, training, and evaluation.	4	(12.5)	12	(37.5)	16	(50.0)	4
5	Psychiatrists and all the people who work with you have knowledge about substance abuse and the ability to treat it, including medication.	8	(25.0)	9	(28.1)	14	(43.8)	5
4	Every new program, regardless of age group or original purpose, includes help for substance abuse.	14	(43.8)	7	(21.9)	11	(34.4)	6

Appendix B

Placer County Essential Elements for MHSA Strategies

The Placer MHSA Steering Committee identified the following Essential Elements that must be embedded and addressed in all the strategies identified for the Community Supports and Services Plan.

I. Cultural Competence:

The behaviors, attitudes and policies that enable systems, agencies, client, family and organizational providers, and professionals to work effectively in the culture of each client, as defined by the client. Practices should include:

- Services, policies and practices in the client's preferred language
- Services, policies, and practices that are respectful of the client's culture as defined by the client
- Outreach, prevention, early intervention and treatment services that are culturally appropriate, community-based and available. Non-traditional methods may be appropriate
- Regular training and education to county and community staff to develop culturally sensitive skills and promote multi-cultural understanding

II. Community Collaboration:

The process by which stakeholders including individuals, families, citizens, public and private agencies, organizations and businesses, work together to share information and resources to accomplish a shared vision. Allows for shared leadership, decisions, ownership, vision, responsibility, education and training.

- Outreach, training and education are provided to public and private providers, clients, parent partners, and community partners.
- Services are provided by the public, private or client/family agencies or providers that can best deliver them.

III. Client/Family Centered:

- The needs and preferences of adult clients, older adult clients and families of children and youth drive the policies, financing decisions, services and supports that affect them
- Adult, Older Adult clients, and families of children and youth work in full partnership with providers to develop and implement individualized, comprehensive service plans
- Adult, Older Adult clients, and families of children and youth receive increased opportunities for choice of types of service, providers, and how service dollars are spent, as well as, sufficient information to allow informed consent. Services will be provided in the client's community, whenever possible.

IV. Recovery/Resilience/Strength-Based and Wellness Focused:

- Client/family strengths and assets

- Reduction of stigma and bias
- Self-determination and empowerment
- Promote client capabilities through meaningful use of time

V. Co-occurring Competent:

To rebuild the existing mental health services continuum with the universal capacity to deliver welcoming, culturally competent, accessible, integrated, continuous, and comprehensive services, transforming every element of the existing system with co-occurring competence in a dual recovery oriented delivery system for children (and their families), transition aged youth, adults, and older adults.

- Every new program funded by MHSA be expected to be co-occurring competent
- Involve clients/families in every element of the system transformation process
- Support systemic quality improvement activities including changing policies and procedures that interfere with access to and engagement in care
- Involve teams of service providers, along with clients and families and community supports to address all of the client's needs (holistic treatment planning)
- Support efforts to remove stigma or bias related to co-occurring disordered clients

VI. Early Intervention:

Services are provided to clients and families as early as possible.

VII. Evidence Based Outcome Focus

Services must be based on best practices and proven design, and include outcome reporting.

VIII. Integrated Services

One team developing one plan for one person/family.

IX. Accessibility

Services and facilities are accessible to those with disabilities

Appendix C
Organizational and Service Provider Assessments
Plan for Culturally Competent Mental Health Services

Current Composition: Staff Ethnicity by Function

FUNCTION	ETHNICITY	COUNT	INTERPRETERS¹²
<i>Administration/Management</i>			
	Asian	1	
	Latino	1	
	White	11	
	Function Count	13	
<i>Direct Services</i>			
	Asian	7	
	Black	3	
	Latino	25	Includes 2 interpreters
	Native American	12	
	Other	13	
	White	356	Includes 7 interpreters
	Function Count	416	
<i>Support Services</i>			
	Asian	1	
	Black	1	
	Latino	11	
	Other	7	
	White	77	Includes 1 interpreter
	Function Count	97	
Direct Services			
Client/Staff <i>Asian 1</i>			
<i>White 3</i>			
	Total Count	530	

¹² All interpreters listed provide interpreter services in addition to regular staff duties.

Current Composition: Bilingual Staff by Function and Language

LANGUAGE	FUNCTION	COUNT	INTERPRETERS ¹³
<i>Spanish</i>			
	<i>Direct Services</i>	13	Includes 8 interpreters
	<i>Support Services</i>	1	Includes 1 interpreter
	Total Count	14	
African			
	<i>Direct Services</i>	1	
	Total Count	1	
French			
	<i>Direct Services</i>	1	
	Total Count	1	
<i>Polish/Russian/Ukrainian</i>			
	<i>Direct Services</i>	1	Includes 1 interpreter
	Total Count	1	
<i>Client/Staff (English only)</i>			
	<i>Direct Services</i>	4	
	Total Count	4	

¹³ All interpreters listed provide interpreter services in addition to regular staff duties.

Appendix D

PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG BOARD

Mental Health Services Act Public Hearing (MHSA)

Thursday, September 22, 2005

5:30 P.M.

LOCATION: Board of Supervisors
Board Chambers
Telephone: (530) 889-4010

County Administrative Center
175 Fulweiler Avenue
Auburn, CA 95603

AGENDA

Call to Order -- Board/Commission Chair

Introductions

Review the Authority for the Public Hearing (Read from MHSA W&I Code)

Review Ground Rules

Review Purpose of the Meeting

- **Public Hearing to Receive Input/Public Comments**
- **Review Agenda**
- **Review Next Steps**

**Overview of the Community Services and Supports Draft Plan – Department of
Mental Health Director/MHSA Planning Staff**

Public Comments

Final Statements/Closing Remarks

Adjourn